

the state of
Black New Jersey

issues for a new millennium

2002 -2003



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The New Jersey Public Policy Research Institute, (NJPPRI) identifies, analyzes and disseminates information critical to informed public policy development in and for the African-American community in New Jersey and the region. Founded in 1977 by a group of African-American professionals, NJPPRI reviews and evaluates public policies that lead to positive outcomes and improved conditions in the African-American community.

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*NJPPRI wishes to thank the Black United Fund of New Jersey
for partial support of this publication.*

Thirty years ago, a group of African Americans experienced in the policy-making process started the New Jersey Public Policy Institute (NJPPRI) with the goal of providing a distinctive, authoritative voice on matters of public policy affecting African Americans in New Jersey. Through published research, conferences, and targeted convenings, NJPPRI acquired a reputation for formulating objective inquiry that others used for advocacy and change in the policy arena.

Over the years, the organization has examined disparities in education, housing, tax reform, and a number of other issues. NJPPRI has never claimed to be the voice of the African American community, but policymakers respect the quality of our research reports and believe the organization provides a much-needed alternative voice in policy deliberations. NJPPRI members have testified before the state legislature, written numerous policy briefs, and, in many cases, gone into federal, state, and local government to shape policy directly.

NJPPRI makes its presence felt through its work both with other organizations representing communities of color and with public officials. NJPPRI, as an organization, has long believed that providing careful analysis of statistical data, legislation, and policy issues to key partners and legislators can shape policy outcomes. The organization does not have to be front-and-center to influence policy. In the past, NJPPRI has nurtured relationships with

key organizations and legislators who trusted our work and used our information to inform important policy discussions.

Four years ago, the organization went through a strategic planning process. The board of trustees, like that of many other institutions, felt it was time to examine the organization's work and impact closely. The world was and still is changing, and while many of the disparities that afflict the African American community remain, we had to account for new trends that impact the community.

For the past two years, there has been a significant focus on NJPPRI's mission and operations. The board of trustees had operated as a volunteer board, and the most immediate result of the strategic planning process was the conclusion that the true impact on issues important to NJPPRI would be felt only with the

acquisition of full-time staff that could stay on top of trends and issues. With support from the Fund for New Jersey and a partnership with the Edward J. Bloustein School of Planning and Public Policy at Rutgers, NJPPRI was able to hire full-time staff and expand its capacity to have an impact upon policy innovation. This year was a time to listen to the organization's stakeholders and to establish a presence in the issue areas identified in our strategic plan. Any number of organizations are working to address specific problems in those areas—health, education, community economic development, and sprawl development—and NJPPRI has chosen to bolster efforts already underway through our strengths: convening, research, and developing leadership consensus.

This year, NJPPRI waited with anticipation for the latest census figures. NJPPRI has used the census in the past to draw attention to opportunities and challenges facing the African American community and has done so again with the results from the 2000 census. This report, appropriately, starts with a portrait of where the African American community stands in relation to other ethnic communities and to the state as a whole. This is not done to draw invidious attention to distinctions; rather, comparison is the only way of finding meaning in the numbers. As this report goes to press, all the census numbers have not yet been released, so we had to choose key areas where data are available.

USING THE CENSUS TO IDENTIFY ISSUES

The New Jersey African American community mirrors the fortunes of the African American community nationwide. A true statistical portrait will have to wait until all census results are released, but it is clear that African American families have made progress in terms of family income and wealth.¹ With record lows in unemployment for most of the past decade and a significant number of African American elected officials, one might be tempted to say things have never been better for the state's African American community.

While it is important to acknowledge progress, there are enduring problems. African American communities of all income types are most likely to be served by poor schools and poor public services. African American communities are more likely than an average community to contain toxic waste sites. Redlining and

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predatory lending remain significant barriers to stable homeownership, and the subsequent lack of homeownership retards asset building. Health remains a significant issue. African Americans die at an early age because of AIDS and other preventable diseases such as hypertension and heart disease. To paraphrase Charles Dickens, "It is the best of times and the worst of times."

African Americans make up 13 percent of New Jersey's population. Hispanics (13.2%) and Asians (5.7%) make up the next block of nonwhites. Whites make up the majority of New Jersey's population (72%).

In 1990, blacks were the largest minority group in the state. According to 2000 figures, Hispanics are now the state's largest minority group. The fastest-growing population over the last decade is the Asian population, followed by Hispanics and blacks. Both the rate of growth and the absolute numbers for the white population have decreased since the 1990 census (see Table 1).

TABLE 1
NEW JERSEY POPULATION BY RACE, 1990 AND 2000

Race	1990	2000	Change	% Change
White	5,734,566	6,699,439	-177,357	-3
Black	989,946	1,127,266	106,225	11
Hispanic	720,544	1,117,191	396,847	55
Asian	262,649	481,794	216,538	82
Total	7,730,188	8,825,690	684,162	9

Source: U.S. Census Bureau, 1990 Census and 2000 Census.

The rates of increase should be interpreted with care. Many factors condition population growth, including in-migration and the birth rate, but it is clear that over the next ten years, the Latino influence, in all parts of New Jersey life—especially in the electoral arena—will continue to grow.

Age

The age breakdown further reveals that nonwhites are younger than the white population. There are more Hispanics ages 5 to 29 than other nonwhites. The spread for blacks is quite similar to

TABLE 2
NEW JERSEY POPULATION BY AGE AND RACE, 2000

Age (years)	White	%	Black	%	Asian	%	Hispanic	%
Below 5	367,549	6	86,810	8	36,476	8	96,705	9
5-29	1,795,903	29	442,875	39	174,426	36	484,877	43
30-54	2,377,921	39	413,771	37	211,937	44	413,356	37
55-59+	1,558,066	26	183,812	16	58,955	12	121,211	11
Total	6,099,439	1	1,127,266	1	481,794	1	1,116,149	1

Source: U.S. Census Bureau, 2000 Census.

the Latino community. If the middle categories (5-29 and 30-54) are combined for blacks and Latinos, the result is a significant number of individuals in their childbearing years. The Asian community is older, relative to blacks and Latinos. These numbers have significance for public policy (see Table 2). At one end of the spectrum, New Jersey will need to provide more school places, child-care facilities, recreation opportunities, job training, and economic growth for a younger nonwhite population. At the other end of the spectrum, the majority population will need policies geared toward adult and end-of-life care.

Poverty

Approximately 8.4 percent of all New Jersey residents lived below the poverty line in 1999. While the percentage of white and Asian residents living below the poverty line is less than the state average, African Americans and Latinos are three times as likely as whites to live below the poverty line (see Table 3).

EDUCATIONAL ATTAINMENT

The state's most educated residents are Asian men, 33 percent of whom have graduate or professional degrees. Asian women have the highest levels of educational attainment among New Jersey women; 20 percent have graduate or professional degrees (see Table 4).

In terms of high school graduation, the numbers indicate that across the board, blacks (males and females) are similar to their white and Latino counterparts. In fact, 33 percent of black males achieved a high school diploma or the equivalent compared to 28 percent for whites and 27 percent for Latinos. According to state data, the Hispanic population faces the strongest educational challenges. Hispanics have the highest percentage of men

TABLE 3
NEW JERSEY POVERTY STATUS BY AGE
AND RACE, 1999

Poverty Status	Total	White	Black	Asian	Hispanic
Total population	8,232,588	5,991,084	1,073,911	476,236	1,094,000
Income in 1999	659,668	346,716	209,267	52,479	156,204
below poverty level	(8.5%)	(5.7%)	(18.6%)	(6.8%)	(17.9%)
Under 5 years	63,044	23,752	22,444	2,289	21,128
	(0.8%)	(0.4%)	(2.1%)	(0.5%)	(1.9%)
5 years	15,402	5,089	4,945	461	4,183
	(0.2%)	(0.1%)	(0.5%)	(0.1%)	(0.4%)
6 to 11 years	82,757	32,223	30,345	2,808	26,624
	(1.0%)	(0.5%)	(2.8%)	(0.6%)	(2.4%)
12 to 17 years	68,551	28,021	25,271	2,565	23,018
	(0.8%)	(0.5%)	(2.2%)	(0.5%)	(2.0%)
18 to 64 years	388,578	191,162	104,224	22,088	112,116
	(4.7%)	(3.2%)	(9.7%)	(4.6%)	(10.2%)
65 to 74 years	38,435	24,695	8,934	1,474	6,256
	(0.5%)	(0.4%)	(0.8%)	(0.3%)	(0.6%)
75 years and over	44,901	35,862	6,106	794	3,879
	(0.5%)	(0.6%)	(0.6%)	(0.2%)	(0.4%)

SOURCE: U.S. Census Bureau, 2000 Census.

NOTES: Data are percentages.
Percentages represent fraction of respective total populations.

numbers are extremely low for attendance and completion of a graduate degree. The consequences are evident on a number of fronts. There are limited numbers of individuals who can form a professional class that can accumulate wealth and provides leadership in the broader civic sphere. The cost is not only felt by the black community (and, similarly, the Latino community), but also by New Jersey as a whole.

INCOME

Looking at income statistics as a way to gauge group or individual progress is complicated. Some observers make the valid point that wealth is a better indicator than income of individual and group financial position. Given the difficulty and time in calculating wealth statistics, however, this report uses income statistics as simply pieces of the complex puzzle toward charting economic progress.

Table 5 presents an interesting story. As a percentage of each grouping, the number of individuals earning less than \$50,000 went down for all groups. In fact, the trend continues for all groups and income categories until you get to those earning \$100,000 or more. This suggests that over the decade, those at

and women with less than a ninth-grade education, and they have the lowest rates of high school and college graduation. The gap between Hispanics and blacks is not as large in terms of advanced degrees: 4 percent of Hispanic men have graduate or professional degrees, compared to 5 percent of black men. The percentage of Hispanic women with advanced degrees is equal to that of black women, at 5 percent. The comparison is fairly similar for black females and their counterparts in the white and Latino communities. Asian males and females are more likely to move on to undergraduate and graduate degrees than members of all groups. Among blacks, there are only slight educational variations between men and women: 7 percent of black men and 6 percent of black women have less than a ninth-grade education, while 33 percent and 31 percent of black men and women respectively are high school graduates. The percentages of blacks with associates and bachelors degrees only slightly varied between the sexes, and the percentages of black men and women with graduate or professional degrees in the state are equal at 5 percent.

Beyond high school, there is a sizable group of African American men and women who attend college but do not finish. The

TABLE 4
NEW JERSEY EDUCATIONAL ATTAINMENT BY RACE
AND SEX, 2000 (POPULATION OVER 25 YEARS OF AGE)

	White	%	Black	%	Asian	%	Hispanic	%
TOTAL	4,290,235		4,677,910		515,660		658,900	
MALE	2,018,367		307,940		152,298		313,539	
less than 9th grade	194,603	5	30,798	7	5,626	4	65,627	21
9th to 12 grade	186,738	10	60,630	29	7,991	5	67,072	23
high school graduate (includes equivalency)	564,219	28	99,478	30	15,110	10	83,708	27
some college, no degree	308,552	18	62,087	21	14,951	10	49,208	16
associate degree	94,620	5	13,964	4	6,508	4	10,207	3
bachelor's degree	418,950	21	80,087	35	52,280	34	22,860	7
graduate or professional degree	270,707	13	53,870	3	49,750	31	13,860	4
 FEMALE	2,011,668		376,970		165,162		326,361	
less than 9th grade	133,011	6	23,809	6	11,658	7	68,220	26
9th to 12 grade	222,094	10	67,811	18	11,096	7	59,754	18
high school graduate (includes equivalency)	740,854	33	114,936	31	21,436	13	88,795	27
some college, no degree	390,855	17	63,650	22	16,357	10	54,035	17
associate degree	136,948	6	22,208	6	8,632	5	14,316	4
bachelor's degree	422,473	19	42,532	11	6,055	38	26,536	9
graduate or professional degree	215,253	10	20,454	5	31,820	20	14,713	5

SOURCE: U.S. Census Bureau, 2000 Census.

TABLE 5
NEW JERSEY INCOME BY RACE, 1990 AND 2000

Income	White	Black	Asian	Hispanic
<i>Brackets</i>	<i>1990</i>	<i>2000</i>	<i>1990</i>	<i>2000</i>
Less than				
\$30,000	1,011,147	987,358	206,929	239,746
to \$49,999	895,687	807,016	96,416	107,561
\$100,000	27,456	39,695	26,270	46,779
or more	438,842	550,972	27,456	39,695
<i>Percentage of Households</i>	<i>1990</i>	<i>2000</i>	<i>1990</i>	<i>2000</i>
Less than				
\$10,000	41	42	63	62
\$30,000	37	34	29	28
to \$49,999	27	29	45	36
\$100,000	19	23	8	10
or more	27	32	52	48
<i>10-Year Change</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Less than				
\$10,000	-26,789	-3	28,847	10
\$30,000	26	0	28,543	82
to \$49,999	-48,641	-6	11,314	12
\$100,000	112,909	26	11,969	63
or more	112,909	26	11,969	63

SOURCE: U.S. Census Bureau, 1990 Census and 2000 Census.

the middle and lower income levels lost ground to those at the higher end of the income scale. This runs counter to the trend of the past decade, when playing the stock market became a national pastime and there was a general feeling that a rising tide was, indeed, lifting all boats. As one study of the New Jersey economy points out, this rising tide was illusory. Wealth indeed shifted upward to the upper tiers.³ For the fortunate African Americans earning above \$100,000, this was indeed a good time, but this group is a small part of the black community.

TABLE 6
NEW JERSEY MEDIAN INCOME BY RACE, 1990 AND 2000

	New Jersey	White	Black	Asian	Hispanic
2000	\$55,146	\$59,153	\$38,513	\$72,224	\$39,609
1990	\$53,118	\$55,471	\$37,826	\$68,587	\$39,118
Compared to State					
Income	%	%	%	%	%
2000	555,146	107	70	131	72
1990	\$53,118	104	71	129	74
Compared to White					
Income	%	%	%	%	%
2000	\$55,146	100	65	122	67
1990	\$53,118	100	68	124	71

SOURCE: U.S. Census Bureau, 1990 Census and 2000 Census.

Blacks and Hispanics showed significant growth in the number of households at the \$100,000-plus level, but they still represent only 10 percent of all households, compared to 23 percent for whites, and 32 percent for Asians. Gains in both communities were offset by even bigger increases in households earning less than \$50,000.

Further decomposing income statistics support the conclusion that income has declined for many New Jerseyans. Table 6 shows median household income by race and ethnicity compared to the state average and to white households. The typical black household earned 71 percent of the state average in 1990. This went down to 70 percent in 2000, for an average loss of \$687 per household. In 1990, the typical black household earned 68 percent of white household income.

By 2000, black household income fell to 65 percent that of white households. On all levels of comparison, Asians are earning significantly more than whites, blacks, and Latinos. In large measure, this represents the higher-than-average educational attainment within the Asian community.

From a policy perspective, the slide in income for both African Americans and Latinos should command attention. Education correlates highly with income. The best way to reverse this setback, for both communities, is to bolster the quality and access to postsecondary education.

HOME OWNERSHIP

Buying a home is probably the largest purchase and investment most Americans will make in their lifetime. Apart from shelter, homeownership builds individual and family assets through the appreciation of home value (and in other cases the income derived from renting out multifamily units).

Studies show that homeownership creates stable, vibrant neighborhoods and communities. Homeowners, on average, tend to be joiners in their communities and neighborhood; they vote more than non-homeowners, and homeownership provides an incentive to engage in neighborhood upkeep.

African Americans and Latinos traditionally lag in homeownership behind whites in the United States. Have homeownership rates improved for African Americans and Latinos over the last ten years relative to other communities in New Jersey? Table 7 indi-

TABLE 7
NEW JERSEY HOME OWNERSHIP RATES, 2000

1990	Occupied Housing	Owned Housing	Ownership Rate
Total	2,794,711	1,813,646	64.9%
White	2,310,208	1,625,627	70.4%
Black	331,831	123,715	37.3%
Asian (including Pacific Islander)	72,845	42,551	56.4%
Hispanic	206,859	63,858	30.9%
2000	Occupied Housing	Owned Housing	Ownership Rate
Total	3,064,645	2,011,298	65.6%
White	2,345,552	1,716,320	73.2%
Black	382,563	153,176	40.0%
Asian (including Pacific Islander)	145,195	79,616	54.8%
Hispanic	310,971	102,898	33.1%
Increase from 1990 to 2000	Occupied Housing	Owned Housing	Ownership Rate
Total	269,934	197,652	0.7%
White	35,344	90,893	2.8%
Black	50,732	29,459	2.8%
Asian (including Pacific Islander)	72,350	37,865	-3.6%
Hispanic	104,102	39,640	2.2%

SOURCE: U.S. Census Bureau, 1990 Census and 2000 Census.

NOTES:

Ownership rate is defined as "owned housing" divided by "occupied housing."

"White" is not "non-HISPANIC" white; white includes HISPANIC.

"Asian" includes Pacific Islander because data in 1990 do not distinguish Asian from Pacific Islander.

ability to leverage resources to start businesses or to borrow cash (through a second mortgage) to help in a family emergency.

The reasons for lagging rates and decennial increases are many. In many instances, poor credit histories and limited savings for down payment prevent greater homeownership in both the African American and Latino communities. Homeownership is not for everyone, but given the established benefits, policymakers and relevant institutions in both communities should encourage efforts to increase the rate.

Owning a home is important, but one benefit of homeownership is rising value. For African Americans, the virtues of homeownership are diluted by living in segregated communities where home values are lower than the state median. The value of homes owned by Asians is significantly higher than the median value of all homes in the state. While the value of homes owned by blacks and Hispanics fall below the state median, the value of black homes is 30 percent less than the state median. African American homeowners pay the price in terms their ability to realize the financial benefits from their homes (see Table 8).

RESIDENTIAL SEGREGATION

While the term "residential segregation" often invokes memories of an era gone by, data presented in the 2000 census indicate that within New Jersey communities, residential segregation is not a thing of the past. The standard measure of residential segregation, called a dissimilarity index, measures whether one group is distributed in similar proportion to other groups in any given metropolis. The index ranges from 0 to 100. A dissimilarity index value of 60 is considered very high. In this case, it means that 60 percent (or more) of one racial grouping (assuming two racial groupings in the index) would need to move to a different census tract in order to equalize distribution of the two measured groups. Values of 40 or 50 are considered moderately segregated; values of 30 and below indicate low instances of segregation.³

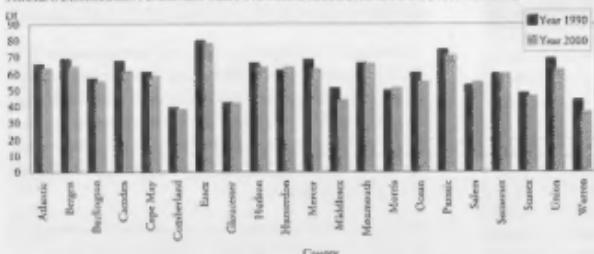
Using this dissimilarity index to analyze New Jersey communities reveals significant levels of racial segregation (see Figures 1 and 2). Indeed, the data do not portray mild levels of segregation, but rather highlight what can only be termed hypersegregation in several New Jersey communities. In fact, a recent national study found that the Newark metropolitan area is one of the five most segregated metropolitan areas in the country.⁴

TABLE 8
MEDIAN HOME VALUE (DOLLARS) OF NEW JERSEY HOMES BY RACE, 2000

Soc. Strat.	White Median		Black Median		Asian Median		Hispanic Median		
	State	From	State	From	State	From	State	From	
	State	From	State	From	State	From	State	From	
Median Home Value	\$67,900	\$175,000	4	\$21,000	-80	\$21,400	37	\$150,000	-10

SOURCE: U.S. Census Bureau, 2000 Census.

FIGURE 1: DISSIMILARITY INDEX BETWEEN WHITE AND AFRICAN AMERICANS (NON-HISPANIC)



Data from the 2000 decennial census shows hypersegregation of blacks relative to whites in most New Jersey counties except Cumberland, Gloucester, and Warren. Essex County, which has the highest levels of African Americans, is also the most segregated. Eighty percent of the census 2000 Essex County population would have to move for the county to become more integrated.

What is especially alarming about the data is that from 1990 to 2000 the levels of hypersegregation remain fairly constant (see Figure 2). Some of the counties with cities containing large numbers of blacks, such as Camden, Hudson, Mercer, Middlesex, and even Essex became less segregated, but our mapping of racial changes in all the counties does not show significant movement outward. Maps of many of New Jersey's urban centers, including Newark, Trenton, New Brunswick, and Camden, indicate that those cities have all lost African American residents. Residents leaving cities are settling in inner-ring suburbs that are subsequently experiencing residential segregation due to the concentration of black residents entering the communities. For example, as blacks leave Newark, data from the 2000 census reveal increased levels of residential segregation in the surrounding communities of East Orange, Orange, and Irvington. This resegregation phenomenon is occurring also in the communities of Franklin and North Brunswick (suburbs of New Brunswick), Ewing (outside Trenton), and in Pennsauken (a suburb of Camden) (see Appendix: Exhibits 1-5).

Residential clustering by race is not conditioned solely by choice. There is substantial national evidence that movement by minorities throughout metropolitan areas in the United States is conditioned by racial steering. Local customs and real estate agents steer African Americans to places already populated by African Americans.

The residential segregation that exists in New Jersey is not a cost-free or benign proposition for African Americans seeking to better their circumstances through

homeownership or moving to a better community. Census data indicate that median home values for New Jersey African American households are, on average, one-third less than white households. Thus, African American households, whether they choose a predominantly African American neighborhood or are steered to such communities during the home-buying process, pay a substantial cost for residential segregation.

Another critical factor to consider is that nearly 19 percent of the African American population in New Jersey falls below the poverty line compared with 6 percent of the white population. The African American poor tend to be concentrated in census tracts with limited access to suitable housing, health care, jobs, and quality schools. Proportionate distribution of the African American poor would assist with place-based revitalization in urban areas in addition to providing opportunities to maximize upward mobility through access to better schools and jobs.

FIGURE 2: DIFFERENCE OF DISSIMILARITY INDEX BETWEEN WHITE AND AFRICAN AMERICANS, 1990 TO 2000 (NON-HISPANIC)



Within any community examining residential segregation is a complex endeavor. In New Jersey, however, a simple trend analysis reveals that it will be at least several decades before New Jersey counties are integrated relatively by race. It is unfair to ask African American homeowners or potential homeowners to limit their choices to areas where home values are lower. At the other extreme, the New Jersey Supreme Court, through the Mt. Laurel decision, validated the principle that growing suburban jurisdictions should accept a *fair share* of the concentrated urban poor. At a gross level, the numbers do not suggest that this is happening. Combined, the net effect is that the African American middle class pays either to remain in the urban core or to relocate to segregated suburban communities, and the African American poor who cannot afford to move to better circumstances continue to live in urban neighborhoods that face both racial and economic segregation.

BUSINESS FORMATION

Small businesses are an important part of the New Jersey economy. More than 50 percent of all firms in the state have fewer than twenty employees. Minority firms are of special concern to policymakers. Traditionally, minority firms tend to be small businesses. These firms, often located in the state's distressed urban communities, are an important part of any community revitalization effort.

New Jersey has monitored and supported the growth of small, minority enterprises on the premise that they can generate jobs

and bolster the market infrastructure of distressed communities. Public policy has supported the growth of these firms through lending, set-asides and technical assistance. Data from the U.S. Census of Economics show insignificant increases in the percentage share of minority firms as a total of all firms (see Table 9). This small relative growth of all minority firms—especially of black firms—is all the more puzzling given the strong economy throughout much of the nineties. The subgroup showing some absolute gain encompasses the Asian, Pacific Islander, American Indian, and Hispanic firms.

Even though there have been significant increases in the number of nonblack minority firms, we know little of the specific variables and context for growth and survival of these firms. Access to capital is a standard barrier to small, minority business survival. This is particularly true in the African American community. Experience elsewhere suggests that beyond access to capital, the barriers are nuanced and complicated. This implies a need for closer attention to the needs of minority firms, in general and, particularly, African American firms.

SUMMARY

The disparities and the need for directed policy analysis related to the creation of NJPPRI still exist. The census data presented here represent a gross level of analysis and therefore do not address significant problems such as failing schools, failing neighborhoods, and disparities in health and wealth. The data indicate the continued need to research and to analyze more carefully the complex issues that are reflected in the census. But are research and convening enough?

NJPPRI has never been just a research institute. Leadership development and convenings have complemented the research focus of NJPPRI. In a changing world where problems are more twisted, new types of responses are needed.

The main thrust of NJPPRI's programming is gathering data, identifying and analyzing trends, convening diverse groups around important policy dialogues and building partnerships that can forward social change through policy analysis.

The needs of the state's African American community are such that the very existence of organizations like NJPPRI is increasingly necessary in order to:

TABLE 9
PERCENTAGE OF MINORITY FIRMS (IN ALL INDUSTRIES) IN NEW JERSEY, 1992 AND 1997

	Number of Firms	Percentage of Firms	
1992			
Black Firms	20,137	3.89	
Hispanic Firms	22,198	4.29	
Asian, Pacific Islander and American Indian Firms	23,116	4.47	
All Industries Total	517,204		
			Percentage Increase in Number of Firms
1997	Number of Firms	Percentage of Firms	
Black Firms	26,506	4.05	+51.7%
Hispanic Firms	36,116	5.52	+63.5%
Asian, Pacific Islander and American Indian Firms	41,807	6.70	(90.6)
All Industries Total	654,227		

SOURCE: U.S. Census of Economics, 1990, 1997.

- help inform and shape discussion about local, regional, and national trends,
- collect and disseminate data that help the wider community understand the needs of the African American community on a number of policy issues,
- build or support the institutions necessary in the African American community to respond to public policy once formulated,
- create forums for community building;
- build the human capacity of the African American community to help it confront the challenges of the twenty-first century.

We live in a fast-paced world where identification of emerging trends is crucial to the prosperity of institutions, organizations, and a community of people. NJPPRI is uniquely positioned to spot trends and to act as a resource to help the African American community understand the implications of these trends.

The second point about data gathering is related to the first. It is not enough to spot trends. There is an opportunity for the organization to produce data (for example, limited surveys) or to collect data in a manner that helps the wider public and, specifically, African Americans understand the complexity of public policy and construct innovative solutions to vexing social and economic problems. This is the challenge facing NJPPRI. The board of trustees and staff look forward to building an organization that can accomplish this purpose and invite you to join us on this journey.

The rest of this report contains articles by noted experts relating to issues of health, education, community economic development, information technology, and environmental justice. We thank them for their contributions and hope our readers can use the articles to gain a better understanding of key issues that should command our attention. It goes without saying that these articles contain the views of the authors and are not necessarily the views of NJPPRI. We asked the authors to provide thoughtful, innovative essays on issues that we should grapple with as a state and nation. The authors did just that each in their own unique voices.

NOTE 15

* The race-ethnicity data presented in this report refer to individuals who identify themselves as white alone, black alone, or Asian alone. Individuals identifying themselves as Hispanic may be of any race. The U.S. Census Department notes, "Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States."

2. See L. McCall, *The State of Working New Jersey, Putting the Boom in Perspective* (Trenton: New Jersey Policy Perspective, 2002).

3. Most dissimilarity indexes use the metropolitan area as the geographical focus. In New Jersey, counties are the familiar unit of analysis, which is why they are used in this analysis. We collected all the census tracts in each county and then calculated the dissimilarity index.

4. <http://mumford1.dyndns.org/cen2000/Sep1neq/SUREport/SURERepPage1.htm>, see also <http://www.nj.com/news/ledger/index.ssf?base.news&103866779460739.xml>.

STATE OF BLACK HEALTH IN NEW JERSEY

Denise V Rodgers, M.D.

Disparities in health status by race, as evidenced by increased mortality and morbidity, have been observed in the United States since health statistics were first collected. Given the inequalities historically experienced by African Americans in housing, employment, and education, it is not surprising that such inequalities also exist in health. The first comprehensive examination of health disparities came in 1985, with the publication of the *Report of the Secretary's Task Force on Public and Minority Health* issued by the federal Department of Health and Human Services (DHHS) under the direction of L-HHS Secretary Margaret Heckler. This report provided a global view of the degree of disparity and the major causes of disparity. In summary, the report found six causes of excess mortality in blacks, resulting in blacks dying in disproportionately higher numbers and at younger ages when compared to whites. The six causes of excess mortality documented in 1985 were:

1. Cancer
2. Cardiovascular disease and stroke
3. Cigarette and chemical dependency
4. Diabetes
5. Homicide and accidents
6. Infant mortality

Soon after the report was issued, the effects of HIV/AIDS on the African American community became evident, and AIDS was added as a seventh cause of excess mortality. In February 1998, President Clinton launched his Initiative on Race. As part of this endeavor, the Initiative to Eliminate Racial and Ethnic Disparities in Health was begun under the direction of the Surgeon General Dr. David Satcher. The goal of this initiative, along with the federal Healthy People 2010 objectives, is to eliminate racial disparities in health status by the year 2010. Initially, six target areas were identified as a starting point for the elimination of disparity:

1. Cancer screening and management
2. Cardiovascular disease
3. Diabetes
4. HIV/AIDS
5. Immunizations
6. Infant mortality

As is evident when comparing the problems listed in 1985 and the list above, little progress was made in reducing disparity by race during the 13 years that passed between the release of the Secretary's Task Force report and the start of the Initiative to Eliminate Disparities in Health. Indeed, as we examine disparity in health status by race in New Jersey, it becomes clear that in some cases disparity has worsened. In New Jersey, as in the country as a whole, disparities in health status exist between blacks and whites, and between rich and poor. To be poor in America puts one at much greater risk of being in poor health in America.

Disparities in health status also exist between whites and other racial and ethnic groups in the United States. Significant disparities exist in Native American and Hispanic populations in the United States when compared to whites. While it is true that African Americans, Native Americans and Hispanics have rates of poverty that are significantly higher than the poverty rate for whites, data tell us that the disparities in health status observed in these groups are not solely attributable to issues of socioeconomic status and poverty.

Finally, it should be noted that even though the United States spends more per capita on health care than any other country in the world, the health status of Americans does not reflect this expenditure. The overall health status of Americans is lower than the health status of citizens of Canada, Great Britain, Denmark, France and Japan. Therefore, the ultimate goal in the United States must be to eliminate disparity in health status by race and to improve the overall health status of everyone. This report on the state of black health in New Jersey focuses on all eight health issues identified when the Task Force report and the Initiative on Race are combined. These focus areas are:

1. Cancer
2. Diabetes
3. Heart disease and stroke
4. HIV/AIDS
5. Homicide and accidents
6. Immunizations
7. Infant mortality
8. Substance abuse

Demographic Overview

Data from the 2000 United States census indicates that of people who self-identified themselves as being from one racial background, 12.3 percent are black, 75.1 percent are white, 3.6 percent are Asian, 0.9 percent are American Indian and Alaska Native, and 0.1 percent are Native Hawaiian and Pacific Islander. Hispanics, of any race, make up 12.5 percent of the population according to the 2000 census. Census data for the state of New Jersey indicate that as of the year 2000, 13.6 percent of the population is black, 72.6 percent is white, 5.7 percent is Asian, 0.2 percent is American Indian and Alaska Native, and 7.9 percent identify as some other race or two or more races. Hispanics make up 13.3 percent of the population in New Jersey.

Census data for the country as a whole indicate that the black population is younger on average than the white population, fewer black families are married couples, and black families are generally younger than white families. Additionally, blacks are more likely to be unemployed, earn less income overall, and are more likely to live in poverty. In 1999, 23 percent of black families were poor compared to 6 percent of white families. In families headed by a single black female, 41 percent lived in poverty compared to 21 percent of white, single, female-headed households. Clearly, these factors impact health as they influence health insurance status and access to care.

Recent data from the New Jersey Department of Health and Senior Services (NJDHSS) Center for Health Statistics (CHS) indicates that in 1999, 13.4 percent of the population under age 65 in New Jersey lacked health insurance. This increased to 14.2 percent in 2000 with most of the increase resulting from a near doubling of the number of uninsured African Americans in the state. In 1999, 158,039 African Americans in New Jersey did not have health insurance. In 2000, this number increased to 263,482, or 23 percent of all blacks in the state. During the same one year period, the number of whites who were uninsured decreased by nearly 38,000 people. Similarly, the number of uninsured black children increased by .63 percent between 1999 and 2000.

One measure of the disparity in health status observed between blacks and whites in New Jersey is life expectancy at birth. In 1998, life expectancy at birth for a white man was 75.5 years compared to 68.1 years for a black man. The life expectancy for a

white woman was 80.5 years compared to 74.9 years for a black woman. On average, a black infant born in New Jersey is expected to live six and a half years less than a white baby born in the same year.

Cancer

In 1998, the year for which the most complete state data are available, cancer was the second leading cause of death for both blacks and whites in New Jersey. According to the American Cancer Society, New Jersey ranks fifteenth in overall cancer mortality among the fifty states and the District of Columbia. The cancer death rate in whites was 789.0 compared to 950.6 in blacks; therefore, the black cancer death rate was 20 percent higher.

Lung Cancer

Lung cancer was the leading cause of cancer deaths in both whites and blacks in New Jersey. The death rate from lung cancer in blacks was nearly 4 percent higher in blacks than whites. The 1998 age-adjusted lung cancer incidence, that is, the rate of new cases of lung cancer diagnosed in 1998, was 77.4 for white men and 107.8 for black men in New Jersey. The major cause of lung cancer is cigarette smoking, and estimates from 1999 indicate that blacks are 14 percent more likely to smoke than their white counterparts. At this time there is no good screening test for lung cancer available. The most important preventive measure is to avoid tobacco smoke both as a smoker and from secondhand smoke.

Breast Cancer

The second leading cause of cancer death in both black and white women is breast cancer. In 1998, the age-adjusted breast cancer death rate for black women was 13.7 percent higher than for white women, despite the fact that black women are less likely to get breast cancer than white women. The age-adjusted incidence of breast cancer in black women in New Jersey was 101.3 in 1998 compared to an age-adjusted incidence of 123.2 in white women. Risk factors for breast cancer include female gender, age, and most breast cancers are diagnosed in women over age 50; a family history of breast cancer; not having children or having a first child after age 30, and excess alcohol intake.

Early detection of breast cancer is generally believed to lead to a better prognosis.

For this reason, all women are encouraged to have regular mammograms beginning at age forty. Women age 20 to 39 should have annual breast exams by a health-care professional. From 1997 to 1999, nearly 63 percent of black women in New Jersey had a clinical breast exam and mammogram in the previous two years compared to 60 percent of white women and 57 percent of Hispanic women. Despite this, in 1998, only 58.5 percent of breast cancers in black women were diagnosed in the early stage of disease, compared to 66.7 percent for white women and 69 percent for Hispanic women.

PROSTATE CANCER

The second-leading cause of cancer death in both blacks and white men is prostate cancer. In New Jersey in 1998, the age-adjusted prostate cancer death rate for blacks was 17.4 percent higher than the death rate for whites. Black men in New Jersey are more than 2.5 times more likely to die from prostate cancer than their white counterparts. The age-adjusted incidence of prostate cancer in black men in New Jersey was 22.02 in 1998 compared to an age-adjusted incidence of 14.93 for white men during the same period of time. The rate of new cases of prostate cancer diagnosed in 1998 was near 50 percent higher in blacks than in whites. According to the American Cancer Society, the risk of developing prostate cancer is 70 percent higher in black men compared to white men. The older a man, the greater the risk of developing this type of cancer. There is some evidence that men who eat a high fat diet that is low in fruits and vegetables may be at greater risk of developing prostate cancer.

While routine screening for prostate cancer is controversial, the American Cancer Society recommends that African American men begin getting annual blood tests for PSA (prostate-specific antigen) at age 45. They also suggest that black men undergo an annual digital rectal exam at age 45 and annually thereafter.

COLON/RECTAL CANCER

The third-leading cause of cancer death in whites and blacks in New Jersey is colorectal cancer. This cancer affects the large intes-

tine, colon, and rectum. Data from 1998 show that blacks in New Jersey are 20 percent more likely to die from colon cancer than are whites. Blacks are about 10 percent less likely to die from rectal cancer than are whites. In 1998, the incidence of colon cancer was approximately 8 percent higher in black men compared to white men and approximately 18 percent higher in black women compared to white women.

Risk factors for colon cancer include increasing age, those people are diagnosed after age 50, family history of colon cancer or family history of certain kinds of polyps in the colon, high-fat diet, obesity, and possibly cigarette smoking. Screening for colon cancer includes yearly testing of the stool, for blood and colonoscopy every five to ten years beginning at age 50. Recent data suggests that African Americans in New Jersey are half as likely to get screening for colorectal cancer in comparison to whites.

CERVICAL CANCER

Although cervical cancer is not a major cause of cancer deaths in New Jersey, there are significantly more cervical cancer deaths among black women compared to white women in 1998. In 1998, the incidence of invasive cervical cancer in blacks was 7.6 percent higher than the incidence in whites. During the same year, the death rate from cervical cancer was twice as high in blacks, despite the fact that black women are as likely to be screened for cervical cancer as white women. Cervical cancer is a sexually transmitted disease caused by infection with the human papillomavirus. Women with HIV infection are at greater risk for cervical cancer. Other risk factors include multiple sexual partners and cigarette smoking. Annual Pap smears are recommended for all sexually active women, beginning at age 18, to facilitate the early detection of cervical cancer.

OTHER CANCERS

Data from the New Jersey Department of Health and Senior Services indicate that African American men are significantly more likely to die from cancer of the oral cavity and pharynx, esophagus, stomach, liver, pancreas, larynx, and multiple myeloma than are white men. Many of these cancers are related to cigarette smoking and alcohol use.

DIABETES

Diabetes was the sixth-leading cause of death for blacks and whites in New Jersey in 1998. The black age-adjusted mortality rate for diabetes was more than twice that of whites. African Americans are more likely to have significant complications from diabetes. The incidence of end-stage renal disease, also known as kidney failure, is 176 percent higher in blacks compared to whites. This data is consistent with national statistics. Nationally, in 1998, the death rate from diabetes was 12 percent higher in blacks than whites. Risk factors for diabetes include obesity and a family history of diabetes. Obesity is a particular concern for blacks in New Jersey. Cumulative data from 1996 to 1999 indicate that 24 percent of black adults were obese compared to 15 percent of whites and 16 percent of Hispanics.

HEART DISEASE AND STROKE

Heart disease is the leading cause of death in the United States, in New Jersey, and in blacks. Age-adjusted death rates from heart disease are similar in both groups but there is evidence to suggest that blacks die at a younger age from heart disease when compared to whites. In 1998, 83 percent of white males who died from heart disease were over age 65, 15 percent were between the ages of 45 and 64, and 2 percent were age 25 to 44. During that same period, 62 percent of black men who died from heart disease were over age 65, whereas 30 percent were age 45 to 64, and 7 percent were 25 to 44. Thirty-seven percent of black men who died from heart disease in 1998 were under 65 years of age, compared to 17 percent of white men.

Similar disparity is seen in women. Twenty-three percent of black women who died from heart disease were under age 65, compared to only 6 percent of white women. The heart disease death rate in blacks between the ages of 45 and 64 is nearly 60 percent higher than the death rate in whites. Clearly, the greater incidence of hypertension and diabetes in African Americans contributes to this difference.

Hypertension is also a major risk factor for stroke. The age-adjusted death rate from stroke in 1998 was 75 percent higher in blacks than whites in New Jersey. It should be noted that the age-adjusted death rate from stroke in persons 45 to 64 is 166 percent higher in blacks compared to whites. Eighty-four percent of

white men who died from stroke in 1998 were over age 65, compared to only 64 percent of black men.

As was the case with deaths from heart disease, similar disparity was seen in women. Twenty-eight percent of black women who died from stroke were under age 65, compared to only 7 percent of white women. In addition to hypertension and diabetes, other risk factors for heart disease and stroke are cigarette smoking, family history of heart disease, elevated cholesterol, and sedentary lifestyle.

HIV/AIDS

HIV infection is the fourth-leading cause of death in New Jersey blacks and the fifteenth-leading cause of death in whites. The age-adjusted death rate from HIV/AIDS is ten times higher in blacks than in whites. In 1998, the incidence of HIV/AIDS was 23 times greater in black women age 15 to 44 than white women in the same age group. The incidence of HIV/AIDS in black men in the same age group was 12.5 times greater than in white men age 15 to 44. It is estimated that approximately 1 in 50 black men is infected with HIV compared to 1 in 700 white men. Approximately 1 in 1,000 black women is infected with HIV compared to 1 of every 1,700 white women.

Although African Americans represent just 13 percent of the state's population, 60 percent of all new HIV/AIDS cases reported from July 2000 to June 2001 were African American. Fifty-six percent of all HIV/AIDS cases diagnosed in New Jersey since the epidemic began have been African American. Sixty-five percent of all children diagnosed with HIV/AIDS in New Jersey are African American, as were 55 percent of the children diagnosed from July 2000 to June 2001. Fifty-six percent of adults and 70 percent of children currently living with HIV disease in New Jersey are black.

Intravenous drug use is the primary mode of HIV transmission in black men, accounting for 67 percent of cases. Fifty-six percent of black women infected with HIV acquired the virus through intravenous drug use. Forty-two percent of black women acquired HIV through heterosexual contact. HIV/AIDS is having a devastating effect on the African American community in this state. New Jersey ranks fourth in the nation in the rate of AIDS in blacks. In the ten states with the most people living with HIV/AIDS, 71 percent are African American. It is estimated that a

significant number of people are infected with HIV and are unaware of it because they have not been tested.

A study by Stephen Crystal, Ph.D., and colleagues published in the December 2001 issue of the *Journal of General Internal Medicine* found that New Jersey African American Medicaid recipients with AIDS initiated treatment, on average, eight months later than white Medicaid recipients with AIDS. African Americans were 2.50 less likely to remain on AIDS therapies once started than whites. Risk factors for HIV/AIDS include multiple sexual partners, unprotected sex, and a greater sharing need as that concern HIV, alcohol, blood, and perinatal transmission of the virus from mother to infant at the time of delivery.

HOMICIDE AND ACCIDENTS

The 1996-1998 age-adjusted death rate for unintentional injuries, excluding motor vehicle accidents, was twice as high in blacks in New Jersey compared to whites. Blacks die from motor vehicle accidents at a rate that is 26 percent higher than whites. The age-adjusted incidence of traumatic brain injury is 52 percent higher in blacks than in whites. The major causes of these brain injuries are assaults and motor vehicle accidents.

Blacks in New Jersey are three times more likely to die in a fire and twice as likely to die from drowning than whites in the state. The age-adjusted death rate from homicide is eight and a half times greater in blacks than in whites. Conversely, the suicide rate is 48 percent higher in whites compared to blacks in New Jersey.

The homicide rate in black men is nine times greater than the rate for white men. The homicide rate in black women is six times greater than the rate for white women. Forty-four percent of all deaths in black men ages 15-24 are from homicide, compared to 7 percent of deaths in white men in the same age range. In 1998 ten times more black men ages 15-19 died from homicide than white men in the same age group. Homicide is the leading cause of death in black men ages 15-24 in New Jersey, followed by motor vehicle accidents and suicide. The leading cause of death in white men ages 15-24 is motor vehicle accidents, followed by other unintentional injuries, suicide, and then homicide. Homicide is the fifth leading cause of death in black men ages 25-44. It is the tenth leading cause of death in white men ages 25-44. (HIV/AIDS is the leading cause of death in black men in this age range.)

Most homicides in New Jersey are due to firearms. In 1998, the death rate from homicide due to firearms in black men ages 5-19 was 38.8, compared to a rate of 3.6 in white men ages 15-19. It is important to note that all deaths from homicide are preventable deaths.

IMMUNIZATIONS

New Jersey-specific data on immunizations by race are difficult to obtain over many years. Newark leads the country in childhood immunization rates in the country; therefore, a number of initiatives have been developed to remedy this situation. Nationally, in 1999, only 74 percent of black children were fully immunized, compared to 81 percent of white children. Federal data also reveals that African Americans over age 65 are less likely to remain immunized against influenza compared to their white counterparts. New Jersey-specific data for 1997-1999 indicate that 57 percent of African American over age 65 were immunized against influenza compared to 65 percent of whites. In 1999, 42 percent of African American seniors in the state were immunized against pneumonia compared to 40 percent to 56 percent of whites. Ideally, 90 percent of all people over age 65 should receive these immunizations.

INFANT MORTALITY

The most widely publicized cause of disparity in New Jersey is infant mortality. The Black Infants Better Survival Campaign, sponsored by the Department of Health and Senior Services and the Black Infant Mortality Reduction Resource Council has been successful in raising awareness about the problem of black infant mortality in New Jersey. In 1998, the black infant mortality rate in the state was 12.7 per 1,000 live births, compared to a non-Hispanic white infant mortality rate of 4.1. Despite declining infant mortality rates during the past ten years, the black infant mortality rate continues to be three times the white rate. The major contributor to black infant mortality is low birth weight. In 1998, 13.9 percent of all black infants born were of low birth weight, compared to 6.3 percent of white infants and 7.3 percent of Hispanic infants.

In general black women are at significantly higher risk for low birth weight babies regardless of other risk factors. A lack of prenatal care appears to be one of the risk factors for low birth weight.

In 1998, the percentage of black women who received no prenatal care was thirteen times greater than the percentage of white women without care. Eighty-three percent of white women started prenatal care during the first trimester, compared to only 60 percent of black women. Black women were also more likely to smoke cigarettes, use drugs, and drink alcohol during pregnancy than white women.

Black infants are almost twice as likely to die from SIDS (sudden infant death syndrome) as white infants. The risk of SIDS is significantly reduced if babies are put on their backs to sleep and if they are not exposed to cigarette smoke. Data suggests that black infants are less likely to sleep on their backs and more likely to be exposed to secondhand smoke than their white counterparts.

In 1998, 61 percent of pregnant white women had no medical risk factors during pregnancy. In comparison, only 48 percent of black women were without medical risk factors. Sexually transmitted diseases were a significant cause of medical risk in pregnant black women. Not only do many disadvantaged pregnant black women are also at higher risk since a higher percentage of black women are unmarried and live in poverty. In 1998, 68 percent of all black infants were born to unmarried women. This is in comparison to only 13 percent of white infants who were born to unmarried women.

Substance Abuse

In 1998 the alcohol related death rate for black men was 63 percent higher than the alcohol related death rate for white men. The alcohol related death rate for black women was 54 percent higher. This is despite the fact that whites over age 18 are 178 percent more likely to engage in binge drinking than blacks. The 1998 drug related death rate in black men was nearly twice the rate in white men. While the overall death rates from drug use are lower in women than in men, the drug related death rate in black women was nearly three times that of white women in 1998. These data do not include deaths from HIV/AIDS that are related to intravenous drug use. As noted earlier, the majority of cases of HIV/AIDS in African Americans in New Jersey are related to intravenous drug use.

Although blacks make up approximately 13 percent of New Jersey's population, they accounted for 39 percent of people seek-

ing treatment for drug abuse and 19 percent of people seeking treatment for alcohol abuse in 1999. Fifty percent of African Americans seeking drug treatment used heroin as their primary drug. Nineteen percent used cocaine as their primary drug. Seventy-nine percent of blacks using cocaine smoked the drug, also known as crack, compared to 53 percent of whites. Prevalence data regarding drug use in African Americans in New Jersey are not available.

Summary

Nearly seventeen years ago, the *Report of the Secretary's Task Force on Black and Minority Health* was issued by the Department of Health and Human Services. As is evident from the data presented here, relatively little progress has been made to date in eliminating or even significantly reducing the striking disparities in health status between blacks to whites. African Americans in New Jersey have a higher death rate than whites from all of the top ten causes of death in the state. What is even more disturbing is that blacks are much more likely to die at a younger age than whites. This is particularly apparent when looking at "Years of Potential Life Lost to Age 65" data. "Years of Potential Life Lost" (YPLL) is a measure of premature death. The report on *Health Disparities by Race and Ethnicity in New Jersey* written by Rose Marie Martin, M.P.H., and published by the NJDHSS Center for Health Statistics in September 2001 says,

"The rate of YPLL in the black non-Hispanic population in 1996-1998 was 2.7 times the YPLL rate in the white non-Hispanic population. The high YPLL rate in the black population is particularly influenced by relatively high rates of deaths at young ages from homicide, HIV infection and stroke compared to the rates from these causes in the white population. The focus on death rate data also underemphasizes the burden of illness and disability that often precedes death."

Clearly, one can infer from the mortality data presented in this paper that a substantially larger number of people in the African American community are living with disease and are therefore less productive and less employable than their white counterparts. Furthermore, given the greater burden of illness in the community, black families are more likely to have to provide care to a sick

The rate of YPLL in the black non-Hispanic population in 1996-1998 was 2.7 times the YPLL rate in the white non-Hispanic population.

family member than are white families. This contributes a physical, psychological, and economic stress for all involved.

The state of black health in New Jersey requires increased individual, family, community, and government attention. No one solution will significantly improve the health status of blacks and eliminate disparity. A multifaceted, longitudinal approach is required. The elimination of racial disparity will require a renewed dedication of human and financial resources. Specific recommendations for the elimination of disparity include the following:

1. At the individual level, people must commit themselves to engaging in health-promoting behaviors and eliminating unhealthy ones. Specifically, individuals must commit themselves to eating a diet that is low in fat, salt, and sugar. Five servings of fruits and vegetables per day are required, along with adequate amounts of complex carbohydrates, fiber, and protein. Eating a healthy diet plays a major role in preventing such disease as diabetes and certain types of cancer.
2. Individuals, families, and the community must take a zero-tolerance approach to cigarette smoking. Nicotine is the substance most frequently abused in the black community. Smoking is a major cause of death from heart disease, lung cancer, cancer of the mouth and pharynx, and esophageal cancer. It is a risk factor for cervical cancer, bladder cancer, low birth weight, and sudden infant death syndrome.
3. Individuals must also become more physically active. Regular exercise lowers the risk of premature death from heart disease, certain cancers, and diabetes. Exercise is also an important method to use in reducing stress. While exercise alone will not eliminate obesity, it can help those who are obese to become more fit, thereby benefiting overall health. If individuals are to incorporate exercise into their lives successfully, community efforts must be made to ensure safe neighborhoods where children and adults can participate in outside activities without fear.
4. Education is another important strategy that must be implemented in order to eliminate health disparity. Education on the importance of diet, exercise, safer sex, accident and violence prevention, and the need to quit smoking should be incorporated into family, adult and community-based activities.
5. In view of the devastating effects of HIV/AIDS on the black community in New Jersey, a number of initiatives should be implemented. Perhaps the most important and controversial is the implementation of needle exchange programs to reduce the spread of HIV through the sharing of needles. A number of highly respected medical organizations, including the American Public Health Association, the American Medical Association, the Institute of Medicine, President Clinton's Commission on AIDS, and the office of the surgeon general of the United States, have all endorsed needle exchange programs as an effective part of a comprehensive approach to reducing the spread of AIDS. In addition to needle exchange programs, the state of black health in New Jersey requires increased individual, family, community, and government attention, improved AIDS education, and testing that is implemented by community and faith-based organizations that are located in, and serve, the black community. Attention must be given to teaching women and men how to practice safer sex. The reality of 68 percent of black infants being born to unmarried women reflects the degree to which people are engaging in sexual activity outside of marriage. For this reason, adults and agencies should be equipped with the knowledge and skills necessary to prevent the transmission of HIV/AIDS as well as to prevent unwanted pregnancy.
6. Government leaders and agencies must be strongly encouraged to devote attention and resources to the existing unacceptable level of health disparity that exists in New Jersey. The NJDHSS Office of Minority and Multicultural Health must be strengthened so it can serve as the coordinating body for the state's efforts to eliminate disparity by race and ethnicity. In 2001, the office received a \$1.5 million allocation to help in this effort. Clearly, this funding must be increased if substantial progress is to be made. Furthermore, a number of initiatives in other divisions and offices within the Department of Health and Senior Services should be funded to address the problem of excess illness and death in the black community.

7. The formal recommendations from *The Health of Minorities in New Jersey, Part I: The Black Experience* were published in May 2000 by the state's Office of Minority and Multicultural Health and should be fully implemented. These recommendations resulted from a summit held in September 1999 that focused on the health of African Americans. Twenty-eight recommendations in five areas resulted from the summit. The five target areas to be addressed are:

- § Data
- § Overall health disparities
- § HIV/AIDS
- § Cultural competency
- § The Office of Minority and Multicultural Health

Specific recommendations were made under each of the target areas, along with a detailed action plan with recommendations detailing those agencies or groups that should be responsible for implementing the plan. A summit on the "Health of Minorities in New Jersey, Part II: The Latino Experience" was held in June 2000. This summit also resulted in a set of specific recommendations and an action plan. Many of the recommendations from that summit reflected those published in May 2000. For this reason, it would seem especially important for leaders from minority communities in New Jersey to join forces in advocating for initiatives that will improve the health of all people of color in the state.

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EDUCATION REFORM IN NEW JERSEY: ENFORCEMENT ISSUES WITH *ABBOTT V. BURKE (1981-2002)*

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The case of *Abbott v. Burke* and its predecessor *Robinson v. Cahill*,¹ has been voted by lawyers and judges in New Jersey to be the "paramount New Jersey court decision this century."² Many compare it (in terms of impact on social policy) to the case of *Brown v. Board of Education of Topeka Kansas, et al.*³ at the federal level.⁴ The *Robinson* case was brought on behalf of urban schoolchildren, charging that the state's system for funding schools discriminated against poor districts and created disparities in education. Twenty years later, the *Abbott* case made virtually the same charge, urging the court to act to wipe out funding inequality between suburban and urban school districts and added the need to institute supplemental programs designed to wipe out disadvantages in urban school districts.⁵

The two cases represent more than just examples of progress vs. jurisprudence and judicial activism. In fact, if narrowly viewed for the legal reasoning, the reader will have missed the real significance of each *Robinson* and *Abbott*: after an opportunity to view a complicated struggle to institutionalize education reform over a thirty-year period.

Combined, the cases of *Robinson* and *Abbott* illustrate how politics and public opinion condition the pace and expanse of what is possible in education reform. In addition to the supreme court and the lesser courts with various jurisdictions, the state legislature and the various agencies under the executive branch of government, including the governor and various state agencies, are the central players in this drama.

The state of New Jersey throughout the life of *Robinson* and *Abbott* has been able to delay and avoid complete implementation of substantially all of the court orders for programs and practices designed to reform the way poor school districts are financed—an important precursor to education reform. After more than twenty years of litigation under *Abbott* alone, the state has reluctantly complied with the mandate to provide more money to the Abbott districts to equalize per pupil expenditure among urban and suburban districts. The main advocate for reform of the funding structure has been by the Education Law Center (ELC), which works to improve educational opportunities for low-income students through public education, policy initiatives, research, and legal action. As an advocate on behalf of New Jersey's public school children for access to an equal and adequate education under state and federal laws, ELC represents the 360,000 children in public schools in the thirty Abbott districts. It is the

Education Law Center that has kept cases before the Supreme Court for more than three decades.

This is not just the story of government reluctance. This is also the story of how advocates representing community interests can sometimes forward the cause of reform through litigation. It is a story of how technical and professional skills can be used to persuade the judicial system to interpret constitutional law to protect the rights of the poor. Ultimately, it is the tale of citizens who tire of sending their children to failing schools in failing school districts.

The purpose of this paper is to discuss, analyze, and evaluate how the case evolved and to discuss some of the issues and solutions for enforcement that remain for *Abbott*, in the year of 2002, thirty-two years after the originating of the *Robinson* case.

SEARCHING FOR EQUITY: FROM ROBINSON TO ABBOTT

In 1975, the state legislature, in response to the *Elie Robinson* case passed the Public School Education Act. The goal of the law was to promote a thorough and efficient education for all New Jersey residents (commonly known as the T & E law). Without any resources allocated for implementation, the act did not make much of an impact on educational opportunity. In July 1976, the state supreme court shut down the public schools for eight days because the legislature refused to move toward educational parity by enacting increased taxes to fund the Public School Education Act. Ultimately, the first New Jersey state income tax was enacted to fund the act. At the time, the ELC argued that the act would not bridge the gap between rich and poor, but the supreme court let the act go into effect and, indeed, the act did.

Five years later, "data showed that the T & E Law did not end funding inequities between cities and suburbs, and in fact, the situation was getting worse."⁶ In 1981, the ELC filed the *Abbott v. Burke* lawsuit, charging that the disparities between rich and poor districts had actually increased under the new law.

In 1990, the New Jersey Supreme Court ruled that inadequate and unequal funding denied students in poor urban districts a thorough and efficient education, and the court required the state to assure equal funding between rich and poor districts for regular education as well as supplemental programs "to wipe out its disadvantages as much as a school district can."⁷ Once again victory was at hand, and this time the stakes were higher: Governor Jim Florio introduced the Quality Education Act (QEA) in

response to the prospect of a state supreme court decision in favor of the plaintiff's ¹⁰ case proposed and the legislature adopted S2.8 billion annually to assist to pay for the new law. There was a tremendous backlash. Urban opposition pulse surveys reveal that the people of New Jersey approve equalization of educational spending, but they do not want tax increases, especially to fund urban schools. Governor Florio signed an amendment to the Quality Education Act, rolling back \$300 million of the tax increase. The ELC went back to court, changing that the QEA, as revised, failed to comply with the 1990 Supreme Court ruling.

For the ELC, it was indeed "déjà vu all over again." In 1994, the New Jersey Supreme Court agreed with the ELC and held the QEA unconstitutional because it did not assure parity nor did it guarantee needed supplemental programs.¹¹ In 1995, the Whitman administration released a plan to change the school funding formula by guaranteeing "minimum spending." The administration also set out plans to achieve quality education through the establishment of core curriculum content standards for all students. In December 1996, Governor Whitman signed into law the Comprehensive Education Improvement and Financing Act (CEIFA), which incorporated the standards and defined her concept of "schooling." The statute grandfathered spending in the rich districts at then present levels and limited per pupil spending in the poorer districts to more than \$1,200 per pupil, below average suburban spending.¹²

In January 1997, the ELC asked the state supreme court to declare CEIFA unconstitutional and to enforce the rulings of 1990 and 1994. In May, 1997, the court agreed and additionally ordered the state to "immediately" increase funding for the poorer districts. It also ordered a remand proceeding before a superior court judge to determine the supplemental programs and facilities needed for the urban districts. In 1998, after two months of hearings with experts in both sides, Superior Court Judge Michael King, in his 120-page figures, laid out a plan that would add \$3.2 million a year for supplemental programs in the S24b in urban announced by the state, based on approved district plans in 1997. Judge King also recurred to the supreme court that the state provide \$2.7 billion for school facilities.¹³

This set the stage for *Abbott V.* In 1998, the state supreme court entered an unprecedented list of entitlements for disadvantaged children: full-day kindergarten and, at a minimum, half-day pre-school for three- and four-year-olds; a comprehensive state-

managed and state funded facility program to eliminate overcrowding in cities by means of either new construction or rehabilitation of old buildings; and supplemental programs such as health and social services, increased security, technology, alternative education, music, sports, arts, and after-school and summer programs.

The court also ordered something called "whole school reform." At the demand evidentiary hearings before Judge King, the state contended that the problem of supplemental programs would not work if additional resources were simply added to an "inadequate foundation."¹⁴ This was the state equivalent of saying "you can't put good money after bad." The supreme court ordered implementation of a nationally recognized curriculum called "Success for All" to be implemented in 319 Abbott elementary schools. Other reform models were allowed, based on choices by school districts. This model, called whole school reform, attempts to address failing schools in a comprehensive fashion. In addition, supplemental programs would be added as necessary.¹⁵ Along with whole school reform came the requirement that individual schools adopt school management and budgeting with parent involvement. This requirement is consonant with the courts belief that each school district and even the needs of individual schools will be different and hence a team composed of the principal, teachers, parents, and community people should have responsibility for planning certain needs of the school. The resulting committee to do planning and budgeting is called the School Management Team, or SMT.

EVALUATION OF THE LEGAL PROCESS IN ABBOTT

The reasoning running throughout *Abbott* terms was based on three constitutional necessary components for education in the urban districts: (1) a foundation education funded at the rate of the "highest wealth and most successful" school districts, called parity funding; (2) supplemental programs designed to meet the needs of disadvantaged students in poor urban districts; and (3) "safe, sanitary and sufficient school facilities."¹⁶ When parity funding is added to funding for supplemental programs, it is apparent that the court ordered that the poorer urban districts "should have more education funds at their disposal than the state's wealthier suburban districts."¹⁷ This concept carried *Abbott* way beyond the other school finance decisions in the nation, up to this time. In other cases, funding and performance are based on a

legislative fixed standard related to a state's average and not to performance in the state's best districts.¹⁸ The *Abbott* court is one of the few state supreme courts to articulate an argument that African American and other poor children are to "overcome decades and even centuries of history and neglect" where resources must be prioritized to enable them to overcome the "disadvantage." In addition, the court in *Abbott V* dictated the precise terms of constitutional compliance, with the input of ELC and the state Commissioner of Education. The final product was an extensively detailed, comprehensive plan encompassing funding, educational standards and methods, supplemental actions, and community programs, all embedded within a constitutional order.¹⁹

To assure implementation of the Abbott remedies, the ELC has gone back to the state supreme court for three more rulings since the historic *Abbott* victory in 1998. In response to an enforcement motion by the *Abbott* plaintiffs, the court required the state to implement the preschool mandate and gave clarity to the meaning of "universal well planned high quality preschool, education."

In 2001, the ELC went back to court, again for relief from the state's failure to implement the court's preschool mandate. This order became known as *Abbott VI*.²⁰

In response to a motion by the speaker of the New Jersey General Assembly, the court in May 2000 made it clear that the state must "fully fund" all facilities improvements and new construction, as needed in the Abbott districts.²¹ Only then, in July 2000, did the legislature enact legislation approving district wide facilities plans totaling an estimated \$7 billion for Abbott districts. But since then, regulations enacted by the Whitman administration have markedly slowed the process for approving bonds for construction and rehabilitation. Among other problems, the Department of Education and the Economic Development Administration must approve plans before bonds are set to begin a project.

In 2001, the ELC went back to court, again for relief from the state's failure to implement the court's preschool mandate. The ELC requested the appointment of a special master (a judge from

a lower court) to oversee timely decision making and expedite a spirit regulation of the court's many orders with respect to preschool. In *Abbott VIII* partially decided in October 2001, the supreme court ruled against the ELC's request to appoint a standing master "to oversee and supervise implementation of Abbott pre-school programs, including timely decision making and appropriate action," reaffirming the dispute resolution process set forth in *Abbott V*, as consistent with its view in *Abbott V* that education disputes are properly decided in the first instance by those statutorily entrusted with that responsibility and further having required final decisions of the Commissioner of Education challenged in the Office of Administrative Law to be expedited to ensure that final decisions were issued in time for implementation in the 2000-2001 school year.²² In other words, the court decided that plantiffs must continue to rely upon the administrative process outlined above, which, albeit shortened, still takes time to reach fruition.

The state supreme court has legitimized the struggle of school advocates for education reform and has continued to safeguard its constitutional preschool for education reform by holding the state on the state's failure to comply. It has done so by supplying more and more detailed pronouncements which is itself highly unusual. One might say that the supreme court with the advent of *Abbott V* and the tight timetable for review of approvals of preschool programs and budgets *Abbott VIII* has inserted itself far more into the details of school reform than anyone anticipated. The court seems to adopt the strategy of detailed monitoring to let the state know it will not see its mandates derailed by any of the state's manufactured problems or counter solutions. None of the state's delay tactics have moved the supreme court from its support thus far.

THE COMMUNITY STAKEHOLDERS

Three sets of stakeholders, the supreme court's decisions, require the state to involve parents and community in the business of school reform and school operations. The supreme court in *Abbott V* mandated that parents and community people be included in whole-school reform through the vehicle of the School Management Team. SMTs develop a plan for whole-school reform, participate in school needs assessments, set up community liaison, nominate SMT members to undertake various tasks, such as evaluating curricula and the need for supplemental programs, partici-

ing in school-based budgeting; and recommending who will be hired as the school principal, who will be the teaching staff, and who will become the instructional aides for early childhood programs.²⁰

This is a broad and potentially influential mandate for community involvement at the school and district level. It is consonant with the court's philosophy that decisions about special needs districts ought to be made at the individual school level and that parents ought to be involved. The regulations adopted by the Department of Education to carry out this mandate quickly point out that the principal of the school is clearly in charge, as he or she should be, but the SMT is a necessary partner in the planning and budgeting of each school in the 30 Abbott districts.

The supreme court rulings have made parental involvement mandatory in a way which makes it unnecessary for parents and community leaders to rely solely upon the demonstration and other "inside" tactics of protest in order to be involved in Abbott programs. The regulations say, "The membership of the SMT shall be broad based and representative of the student population and of the community's racial and ethnic composition."²¹ All Abbott schools must adopt a whole-school reform model as discussed earlier, which at a minimum must be developed with the involvement of the principal, teachers, school support staff, parents, community representatives, and students; students constitute optional representation on the SMTs, but the other categories are mandatory.

Abbott regulations also require that additional full-time staff be hired to help develop the Abbott program. Staff members may include the director of prevention officer and the community liaison specialist, whose job is to coordinate health and social services for students. Unfortunately, from 1998 to 2001, the court-ordered initiatives were not well implemented, and parent and community involvement in school reform was not a priority. It is time within the scope of this essay to evaluate in detail the success of the SMT approach and the full extent of participation by various groups. At this point, the evidence shows a paucity of participation by parents and community members and a general desire on the part of some education professionals at the district and school level to minimize the scope of these regulations. However, from reports given by parents and community representatives the frustration felt by those who do participate in the process has edu-

cated them nonetheless about the potential of Abbott.²² It has energized them rather than discouraged their participation and, thus, constitutes a growing wave of discontent about the failure of implementation of Abbott at all levels of authority.

How Do You Spell "Reform"?

With the election of Governor James E. McGreevey, a new collaborative relationship emerged between the parties in the *Abbott* litigation, providing an opportunity to remedy the issues generated by delay and deliberate undermining of the *Abbott* remedies by the past administration. Toward that end, top education advisors for the new governor agreed to a new timetable for approval of districts' plans for preschool programming and agreed to a more collaborative process for approving the plans.

On February 19, 2002, Governor McGreevey established the "Abbott Implementation and Compliance Coordinating Council" by Executive Order. The seven-member council includes cabinet level officials in the state government, all with some responsibility for *Abbott* implementation: the attorney general, the commissioners of education, human services, and higher education, the assistant commissioner of education for *Abbott* implementation (a new position created by the governor), the executive director of the Economic Development Administration (charged with the responsibility of school construction), and the Education Law Center.

This council is responsible for identifying reform priorities, ensuring that program implementation is coordinated across the relevant state agencies, monitoring compliance with court mandates, developing accountability measures to track progress, and reviewing current and future disputes and issues among the parties. The executive order spells out the "areas and principal issues to be addressed: early childhood education, Abbott early literacy, standards-based reform and whole school reform, K-12 supplemental programs (i.e. social, health services), school construction and rehabilitation, reform and phase out of state operation of districts, and review of Abbott designation, including charter schools. (See State of New Jersey Executive Order #6, Governor James E. McGreevey, February 19, 2002.)

Many Abbott watchers exhibit a feeling of uncertainty about the new process. This caution must be viewed in the context of the governor's response to the "fiscal crisis" currently affecting all gov-

ernment expenditures. Due to a projected 2002 deficit of \$3 to \$5 billion the governor decreed that the Abbott schools budget would be affected. He has "frozen" the Abbott K-12 budgets at the level of the current fiscal year with respect to supplemental funding.

To some it appeared that the new governor was practicing doublespeak supporting Abbott on the one hand and cutting funding with the other. Every year the Abbott formula has expenditures related to the amount of money spent by the other districts; if the richer suburban districts increase their spending, the Abbott budget will automatically go up. This formula is not affected by the governor's freeze, but overall the amount of available funds pressed Abbott districts to cut their budgets significantly.

If we look at the context for the freeze, we will see that there is still quite a bit of money at the disposal of the districts. Abbott schools and districts now receive more than \$3,000 per pupil in grades K through 12 under the court's Abbott rulings than under Governor Whitman's CEIFA formula. Overall, Abbott has generated \$1 billion more each year for Abbott districts than the CEIFA formula produced. There is \$13,000 allocated for public school education for each student in an Abbott district, compared with \$8,500 per student in New York City and \$6,500 in Philadelphia.

The ELC accepted the freeze with the understanding that all the state would enter into a collaborative process to implement the Abbott remedies. (b) money for early childhood would increase, allowing more children to participate (only 50 percent of the eligible children are currently enrolled in preschool) and ensuring higher quality preschool education for enrolled children, and (c) the one year freeze would allow the state to evaluate the progress of Abbott implementation.

Now that the potential resolution of problems associated with Abbott reform is in the hands of politicians and professionals other than lawyers, there is a feeling by some stakeholders that their interests must be protected and even advanced above the interests of others. While the majority of stakeholders feel adequately represented by the ELC while the issues were argued in the various courts of New Jersey there is a lessening of support for representative advocacy as we enter into this new mode of collaboration.

In an ideal world, parents, students, and community leaders would be sought out and their opinions weighed with those of the professionals before final plans for school reform issues under *Abbott* were sent to the state. After all, this is the greatest opportunity for coming up with a new way to teach children in the Abbott districts consonant with their needs. But in the real world, the community to be served is not often sought out, nor is its opinion valued very highly. In some school districts, Abbott reforms are met with outright resistance. The state has been a convenient shield for their skewed interest in *Abbott* (more money, less reform). In most districts there is no great urge for involvement of any but the traditional, professional educators in the process, including the same old pols who as adults who mismanaged the schools in the past. Hence, there is a need to organize parents and others into the Abbott school reform process at the district level. Our goal must be to produce local community leaders who are knowledgeable and who are interested in participating in the Abbott school reform process in order to produce schools that develop well-educated and fully informed students. Moreover, the leaders should be able to do this in a way that is collaborative and inclusive. Our goal also must be to show education professionals that inclusion of parents in the education process is a win-win situation for all parties. Such involvement need not be combative; rather, involvement can be a force to help teachers and administrators in the classroom.

SUMMARY

After more than 20 years, *Abbott* is more than a legal case; for some, it has become a way of life. Certainly for its advocates, *Abbott* has been an all-consuming roller-coaster ride. For the New Jersey Supreme Court, it has been a holding operation dedicated to a constitutional principle carved out to improve the schools. For state officials in both the legislative and executive branches, it was an exercise in minimum compliance; is enough to stay one step ahead of the media and the court, while holding fast to another set of principles designed to maintain privileges historically held by those to whom they feel most loyal. And to the beneficiaries of the series of rulings it represents not only a chance for better schools but also an opportunity for leadership in school reform.

The Abbott Implementation Council is designed to bring representative stakeholders to the table to fashion a cooperative resolu-

two of problems and scales of funding the mandates of the state supreme court. Early in 2002, the substance of all resolutions appears to be affected by the reversal of the strong economy in New Jersey and puts a strain on the credibility and effectiveness of the process set forth by the McGreevey administration. However, if all the stakeholders are included, there may be a way to move the Abbott reforms forward in the 30 Abbott districts. This process, hopefully, will serve as a catalyst for even more inclusion and participation by the community at both the school and district levels and will allow implementation of the school and district standards-based educational reform envisioned by the supreme court in this momentous decision.

Advocates for quality education in our schools are monitoring closely this collaborative process to determine whether it will further the best interests of our children or simply continue the pattern of delay.

NOTES

1. 100 NJ 269 (1985, Abbott I)

2. 62 NJ 473 (1973) (Robinson I)

3. 347 U.S. 483 (1954)

4. *New Jersey Lawyer*, December 27, 1999.

5. "The History of Progress toward Equal Educational Opportunity for Urban Students in New Jersey" (Education Law Center fact sheet).

6. *Ibid.*

7. 119 NJ 287 (1990)

8. 136 NJ 444 (1994) (Abbott II)

9. "The History of Progress," op.cit. footnote 5.

10. 149 NJ 145 (1997) (Abbott IV)

11. "The History of Progress," op.cit. footnote 5.

12. 153 NJ 480 (1998)

13. The court in its decision did not adopt the amounts set forth by Judge King. In fact, one of the hallmarks of Abbott has been the court's insistence that the amounts necessary for constitutional compliance be tied to the needs of the schools and school districts, as opposed to adhere to a top-down, legislatively imposed formula.

14. Paul L. Trachtenberg, "The Evolution and Implementation of Educational Rights Under the New Jersey Constitution of 1947," *Rutgers Law Review* 29, 4A (Summer 1998) 921 n. 508

15. Trachtenberg, "The Evolution and Implementation of Educational Rights," 921

16. *Ibid.* 926.

17. *Ibid.* 930

18. *Ibid.*

19. *Ibid.* 931

20. "Recent Actions to Assure Implementation of the Abbott Remedial Measures," prepared by David Sciarra, Counsel for the Abbott Class-Plaintiffs, February 27, 2001

21. *Ibid.*

22. *Ibid.*

23. Decision of the NJ Supreme Court, *Abbott VIII*, decided October 23, 2001, citing its previous decision in *Abbott VI*, where a similar remedy was requested and denied.

24. NJAC 6A. 24-2.1, and 2.2, ET seq.

25. (NJAC 6A. 24-2.1.c).

26. Testimony given by parents and community advocates at BES meetings concerning ten of the thirty Abbott districts.

THE CHANGING NATURE OF COMMUNITY-BASED DEVELOPMENT

Roland V. Anglin and Charles Hill

Community development encompasses a broad range of activities, institutions and policies that seek to improve quality of life and create opportunities for positive change in neighborhoods and communities. Community development may be viewed as the process by which residents are engaged in analyzing and building assets to chart their future. Such assets can include philanthropic capital, investment capital, human knowledge and skills, natural resources, cultural traditions, faith, leadership, and diversity.¹

Community development as a field started in earnest more than thirty years ago with the birth of community development corporations (CDCs).² In general, CDCs are locally based organizations whose explicit goal is to serve neighborhood residents in areas that receive inadequate attention from government agencies and the private sector. CDCs often play the unique role of harnessing market forces and using business and financial principles to improve the quality of life and opportunities in communities. In particular, CDCs are designed to mobilize and attract investments by serving as local partners and by offering neighborhood residents services such as workforce development, childcare, safety, and community improvements that improve the quality of life and enable residents to participate in the mainstream economy.³

The CDC movement started with philanthropic support for nine rural and urban CDCs in the late 1960s. These experiments were quickly emulated across the country and government support accelerated their growth in the late 1970s and early 1980s. In the early 1980s philanthropy and the federal government supported the creation of national intermediaries such as the Local Initiatives Support Corporation (LISC), the Enterprise Foundation, and the National Reinvestment Corporation to support CDCs by providing financial support and technical assistance.

CURRENT STATE OF CDCs IN THE COMMUNITY DEVELOPMENT FIELD

Partly because of philanthropy and government's early investment in CDCs and other community-based institutions and related intermediaries, there now exists a rich set of activities and relationships that can be termed a community development field. The CDC movement is a mature dimension of that field, commanding respect from the mainstream public and private sectors, from which it garners most of its support. Several large national

organizations support CDCs by providing project financing.⁴ In addition, the federal departments of Housing and Urban Development, Health and Human Services, and the U.S. Environmental Protection Agency are major funders of CDCs and their programs. Since the 1980s, however, as a well-established, what present and future challenges does it face?

SPRAWL: THE MAIN CHALLENGE FOR COMMUNITY-BASED DEVELOPMENT

Government and philanthropic efforts to support place-based development have been swayed by trends and policies that encourage the dispersal of people from the urban core. Inequality, or sprawl, development, the popular expression, creates large urban tracts contributes to long commutes to work and raises a heavy toll on the environment. Sprawl, as a pattern, is a trend that correlates with the concentration of urban poverty in the United States. The results of such development are as follows:

- 5 Inability of the urban poor to gain access to job-rich sites that are concentrated because of limited transit infrastructure and railroad separation in the suburbs
- 6 Population shifts toward the urban core, which then limits investment in education, security, housing, and other amenities that attract private investment, and
- 7 Concentration of poor residents, which diverts scarce capital necessary to articulate countervailing strategies and movements against concentrated poverty and public (regulatory and expenditure) policies that encourage such patterns.⁵

While sprawl development exacts numerous social costs, there has been slow progress toward a common agenda that unites the interests of the broader public and movement leaders in creating a strong metropolitan economy and preserving the natural environment and residents of communities with a high degree of concentrated poverty.⁶

LIVABLE-AND-SUSTAINABLE-COMMUNITIES MOVEMENT

While sprawl development exacts numerous social costs, there has not been much discussion and action, until recently, about the linkages between wider metropolitan development patterns and concentrated poverty. A movement composed of what may be

termed *communities of opportunity* coalitions are growing across the country. The central theme of these efforts is the explicit linkage between land use sprawl and promoting the effective, sustainable development of places.⁹

The *value-and-sustainable-communities* movement defines ecologically sustainable development as the use of natural, economic, political, human, and social capital with attention to the ability of future generations to benefit from these resources. Others describe it as the development of economies based on the "income" from these assets rather than on their "capital." The common demand of advocates for value and sustainable community development is the attention to the trade of economy, equity, and environment, as well as to the value of place-based development.

The *value-and-sustainable-communities* movement is composed, by and large, of city-wide and metropolitan coalitions of faith-based institutions, Urban League affiliates, the Sierra Club, the Thousand Friends movement, the private sector, and, increasingly, city and state agencies such as councils of government that were originally chartered to promote area-wide political and economic integration.

These coalitions are not spontaneous; rather, they have developed over time. Many have built a trust through rugged against high-walls of threat to destabilize neighborhoods or straggles over the proposed placement of incinerators and garbage dumps, sewage treatment facilities, sites and many other noxious landuses. These sustainability coalitions are now achieving stability and clarity of effort. Much of the latter focus is a result of denouncing sprawl and sprawl development as the antithesis to sustainable metropolitan communities. These coalitions have enormous potential. They recognize that they must involve diverse voices to succeed, and they are fluid across class and racial lines, thereby breaking down the political isolation of poor neighborhoods. Coalitions such as the Urban Coalition in Portland, Oregon, the Bay Area Coalition for Sustainability in California and the Metro Alliance in Minneapolis support themselves through a dues structure and grants from local foundations. Building on their success in many local policy efforts, existing coalitions have significant potential to increase their capacity to effect action and codify lessons for emulation and replication.¹⁰

Existing coalitions focus on federal addressing transportation development and brownfield redevelopment. Many, though, ex-

press a desire to expand their efforts in historic preservation of minority neighborhoods that can serve as bases of cultural and economic development. Another issue is educational reform. Such reform includes regional tax sharing, which would help increase the resources available to poor inner-city school districts. These coalitions also realize that they must increase the effectiveness of urban schools in order to make the case for regional tax sharing. Thus, an emerging thrust of some coalitions is an attempt to partner with troubled schools to help them improve or to work with groups of parents from troubled schools to help start charter schools.¹¹

The last agenda item that has come to the forefront is security. The coalitions realize that arguing for efficient land use that encourages development in cities means assuring the safety of private investment and personal security. Thus, a number of coalitions are working with local police on security issues such as community policing.¹²

USING AN ASSETS LENS

The inviability coalitions recognize that to stem the tide of sprawl development, a region's core city and neighborhood economy must be healthy and connected to the larger region. This builds neighborhoods and communities that are able to encourage economic development for the poor. Without such development, there is little incentive to stem the tide of sprawl development. Therefore, collective and individual promotion of asset development is key to a viability strategy.

There is a great deal of work to be done in building sustainable metropolitan communities. Most important, the connections between larger trends in metropolitan development and local development are still at the beginning stage.¹³ Additionally, we do not have a systematic set of conceptual tools and indicators that illustrates what healthy regional development is and how it is linked to healthy local communities. Such indicators are important because they give sustainable-communities coalitions a set of benchmarks to help shape policy at the local and state levels. Examples of meaningful indicators might include the number of transit lines, linking low wealth communities to areas of high growth relative to the number of transit lines.

There is a great deal of work to be done in building sustainable metropolitan communities.

in other communities. Another indicator might be whether the school curriculum assessing whether schools in low-income communities are preparing students to work in the wider metropolis. Coalitions and a number of intermediary policy organizations, such as PolicyLink (www.policylink.org) in California are working on such indicators.

BUILDING A SUSTAINABLE-METROPOLITAN-COMMUNITIES MOVEMENT

Beyond knowledge building, what are the future needs in building sustainable metropolitan communities? Surveying the field, the crucial areas needing attention are the following:

- 5 Development of an internally diverse set of coalitions that possesses the organizational capacity to pursue a sustainable-metropolitan-communities agenda.
- 5 Encouraging these coalitions to propose development and use (e.g., expenditure and regulatory) policies that encourage efficient development patterns. Such development patterns must recognize the interrelationship of economy, equity, and the environment.
- 5 Initially encouraging concentration on five clear Livability agenda items: transit development, brownfield redevelopment, historic preservation of minority communities, educational reform, and security.

These latter five issue areas are not arbitrary. They have been identified by different surveys of the sustainable-metropolitan-communities field as important to their policy agenda. The issue areas are also clear antecedents to building social and economic infrastructure of poor communities.¹²

SUMMARY

While the community development movement has grown strong over the last thirty years, the movement toward sprawl development has limited the benefits of place-based development. This is an opportune time not only to acknowledge the accomplishments of CDSs and community development but also to move to another level of action and change. Introducing the reality that sprawl development, as a rallying point for everyone allows for the political possibility of coalition and political action on poverty and land use policies that are detrimental to all. There are those who are already forming coalitions and working through the chal-

lenge of finding common interests from different ends as antagonists.

Coalitions are crucial in the sustainable-metropolitan-communities effort—especially for communities of color. This is an opportune way to fold issues of inequity and poverty into a larger agenda that the American public will pay attention to. Communities of color though have to think outside the normal parameters of equity issues and poverty. Movement on the latter might mean working with others on environmental and other issues not traditionally thought to be of interest to minorities. We argue that concern about the environment and preservation is not foreign to African-American, Asian, and Latino communities just ask the Environmental Justice Movement. We have to change the pervasive mind-set that communities of color, especially African-American and Latino communities should only care about poverty. The issues that challenge the majority community are complex and intertwined. We should not limit the possibilities for change by localizing and segmenting the challenges.

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ENVIRONMENTAL JUSTICE: A NEW MOVEMENT SEEKING ALLIES

Valerie Caffee

Waterfront South evokes images of a vacation destination, but this South Camden neighborhood of predominantly black and Latino residents is the poorest community in the state and burdened by three times as much environmental pollution as any other New Jersey community. A county incinerator, trash-to-energy plant, co-generation plant, two Superfund sites, fifteen other known contaminated sites, an industrial medical laundry, industrial parks, and a regional sewage treatment plant are located here.

New Brunswick, Rahway, Linden, Elizabeth, and Newark represent the vision most outsiders have of New Jersey: densely populated cities enveloped by miles of heavily congested turnpike, the backdrop to smoky oil refineries and tank farms, angering toxic plumes from incinerators and other industrial smokestacks, and numerous Superfund sites still awaiting cleanup.

This is what environmental racism and injustice look like, but it doesn't tell the whole story. Ever since a group of courageous residents of Warren County, North Carolina, engaged in a prolonged campaign in 1982 to prevent the state from storing six thousand truckloads of PCB-contaminated soil in a landfill near their community, more people have begun to suspect that many communities with large populations of African-American, Latino, and low-income residents of all races bear more environmental degradation and pollution than majority white, middle-class communities. Landmark studies by the Racial Justice Commission of the United Church of Christ and Clark University's Dr. Robert Bullard (director of the Environmental Justice Center) in 1986 confirmed these suspicions. Coordinated environmental justice work in the late 1980s helped spawn a true mass movement when the one thousand attendees at the first People of Color Environmental Leadership Summit, held in 1991, crafted a working document titled "Principles of Environmental Justice." With scientific research supporting their claims, people living in communities affected by environmental injustice (sometimes called "EJ communities," have provided the impetus for ongoing environmental justice struggles. For example, in 1993 the residents of Waterfront South organized the South Camden Citizens in Action (SCCA) ten years ago to tackle the ongoing pollution problems there. Their steadfast work gained international and national attention over the past eighteen months when they filed a Title VI civil rights lawsuit against the New Jersey Department of Environmental Protection (NJDEP) to block operation of a newly built

incinerator processing plant in their neighborhood. This lawsuit resulted in both victories and losses, deepening SCCA members' resolve to continue working for a cleaner, healthier neighborhood.

In Linden, residents of Trembley Point have been waging a two-year battle to prevent the building of a waste-transfer station for New York City garbage and a hazardous medical waste-treatment plant in their neighborhood. With Trembley Point's proximity to the Bayway oil refinery and chemical plant, Merck pharmaceuticals, a company, a huge co-generation plant, the Union County incinerator and other industries, it is clear that people living here are already exposed to large amounts of pollution.

In 1998, thanks to the efforts of the Committee Against Toxics, under the auspices of the Ironbound Community Corporation (ICC), a waste transfer station was not given permission to operate in the Ironbound section of Newark. The ICC also launched an asthma-awareness program a couple of years ago, educating the Greater Newark community about environmental links to and prevention of this epidemic illness, which disproportionately affects people of color and lower-income people.

This new aspect of environmental activism broadened the scope of the traditional open space environmental movement in general, and redefined the term "environment" to include places where people live, work, pray, play, and go to school. The trend toward turning urban areas into new wastelands and dumping grounds is now being opposed in an organized way (suburban neighborhoods with significant numbers of blacks and Latinos and Native American "Indian" tribal lands also fall under the scope of the movement).

President Clinton's Executive Order 12898, issued in 1994, is a significant federal response to ongoing advocacy and organizing efforts. Because communities that have large populations of people of color are the ones most impacted disproportionately as environmental problems, the executive order aimed to prevent environmental racism under Title VI of the 1964 Civil Rights Act. Title VI prohibits discrimination on the basis of race, color, or national origin. It also prohibits recipients of federal funds in conducting federal and state agencies from taking discriminatory actions.

By 1998, the federal Environmental Protection Agency (EPA) became more proactively involved in environmental justice con-

cerns. That year, EPA issued its *Interim Guidance for Investigating Title VI Administrative Complaints Challenging Permits* to "provide a framework for processing Title VI complaints from communities challenging a permit." Around the same time as this guidance document was issued, the NJDEP created an Environmental Justice Task Force to develop an environmental justice policy and revise its pollution permit regulations. (The NJDEP, unlike most involved in the Environmental Justice Movement, uses the term "equity" rather than the word "justice.") One of the goals of the Environmental Justice Movement is not to require "equity," which implies the brownining of green areas, but to advocate for cleaner industries, among other goals. The task force comprised representatives from community-based and environmental groups, education, and medical institutions, municipalities, labor, and industry. In February 2000, former NJDEP Commissioner Robert Shinn signed Administrative Order 2000-01, which established the state's first environmental equity policy. Shinn also issued another administrative order to make the Environmental Justice Task Force a permanent advisory committee.

The advisory council and NJDEP staff crafted the Expanded Community Participation Process for Environmental Equity of F Permits. In February 2002 as a new regular pollution permits. The EPP process was intended to provide a mechanism that would allow for extensive community participation in permit decisions in making and managing the NJDEP to comply with Title VI by using various new assessment and compliance procedures to determine if pollution permits for various facilities would have an adverse disparate impact on the communities in which they are located and if they violate the civil rights of the residents.

This new rule was precedent setting among the states and involved hundreds of people to engage in the three public hearings and the written comment period sponsored by the NJDEP. The hearings were the first time that New Jersey residents participated in a statewide dialogue on environmental justice which helped raise the level of awareness about this serious issue. While the rule received widespread general support, many people said that it needed to be enhanced to give NJDEP the authority to deny permits if the proposed facilities would increase the environmental burden on and/or violate the civil rights of community members. The screening tool, required by the rule to determine if the

permit would further harm already burdened communities was also problematic. It was difficult to understand, and proved cumbersome to implement.

Brian Campbell, the new NJDEP commissioner agreed. Based on this and additional considerations, he withdrew the proposed rule in May, 2002 and proposed an "alternative approach" to working for environmental justice. Contributing the idea to NJWEF, Campbell announced at the May 16, 2002 Advisory Council meeting that the department was working on a proposal that would allow people to petition the NJDEP to hold public hearings to address their environmental justice concerns about a polluting facility. If the department concurred that the complaint was warranted, it would develop an action plan to help alleviate the problem. The department would not only examine the facility in question but also evaluate the other environmental burdens affecting the communities.

Recent studies show the detrimental health effects of environmental exposures. Two such reports released in 2000 demonstrate this link. *In Harm's Way: Toxic Threats to Child Development* produced by Greater Boston Physicians for Social Responsibility in conjunction with the Clean Water Fund, concludes that a variety of chemical exposures contributed to an "epidemic of developmental, learning, and behavioral disabilities" among children. The second report issued by NJWEF and titled *Children at Risk: Toxic Chemicals Near Schools in Paterson and Cliffside, New Jersey* found that the majority of public schools in these cities are located less than a mile from facilities that store more than ten thousand pounds of toxic chemicals. Repeated accidental releases from such facilities in Paterson jeopardize the health and welfare of area school children, personnel, and residents.

People of color and low-income residents bear the brunt of such adverse health effects from environmental pollution. Asthma and other respiratory illnesses are at epidemic proportions in many of these communities. Poor air quality caused by toxic facilities is one of the triggers for these health problems.

... people have begun to suspect that many communities with large populations of African-American, Latino, and low-income residents of all races bear more environmental degradation and pollution than majority white, middle-class communities.

The EPA states that environmental justice means "fair treatment." As defined by the EPA, "*Fair treatment means that no groups of people including racial, ethnic or socioeconomic groups, should bear a disproportionate share of negative environmental consequences from industrial, municipal, and commercial operations, or the execution of federal, state, local, and tribal programs and policies.*"

The Environmental Justice Movement needs other environmental allies to help it achieve the goal of "fair treatment" and state and federal policies and programs that mandate "green" economic investment and development, the cleanup of our urban areas, and government commitments to nondiscriminatory programs and policies. One of NJWEC's four major program areas is environmental justice. NJWEC mobilized activists to participate in the New Jersey delegation to the Second National People of Color Leadership Summit (Summit II), which was held in Washington, D.C., from October 23 to October 27, 2002. One post-summit goal is the creation of an ongoing environmental, environmental justice working group or network in the state. There has been significant support for working collaboratively on environmental justice and other environmental issues such as brownfields development, sprawl, adverse health and economic impacts, and other interrelated concerns. The next phase of the struggle for civil rights and equality lies in the movement for environmental justice. People of color must put this issue squarely on the public agenda.

USING INFORMATION TECHNOLOGY FOR COMMUNITY ECONOMIC DEVELOPMENT

Randal D. Pinkett, Ph.D., and Richard W. Roper

The emergence of computers and the Internet has changed the nature of work, recreation, and community. Many Americans now rely on the Internet for most of their information and many of their daily activities, from searching through job listings to online shopping and staying in touch with friends and family.¹

Information technology (IT) has revolutionized the way business is conducted.² However, as much as IT has transformed the commercial sector, unimaginative use of information and communications technology can also promote community economic development. Computers and the Internet can build social capital, helping increase job and literacy skills and access to employment opportunities both inside and outside disadvantaged communities.³

IT essentially can enhance the asset base of organizations and individuals that are poised to take advantage of its benefit. The question is what this means for disadvantaged individuals and communities. Current thinking tends to be narrowly specified. Many policy questions center on access to the Internet and computers. The discussion needs to evolve to a broader level of analysis and program design focused on how we can use this powerful medium to transform poor communities. This discussion addresses a limited range of strategies for using information technology in the community economic development process. The hope is to further a more targeted and meaningful discussion of the role IT can play in community economic development.⁴

Traditional domestic development paradigms have stressed individual income enhancement through workforce development or place-based strategies that stress the role of community-based institutions in the physical, social, and economic revitalization of the community. These strategies have met with mixed success. The emerging trend is to ask how these myriad strategies build individual and collective assets. Building individual assets through homeownership, skills training, access to credit and equity capital, and social networks focuses and disciplines antipoverty strategies in a way lacking in contemporary strategies.

BUSINESS DEVELOPMENT

Much like entrepreneurs in the wider economy, those in poor inner-city and rural communities stand to benefit enormously from electronic commerce and other facets of digital technology.

These entrepreneurs tend to start micro- or small businesses. The services or products that they offer are localized within a neighborhood or a rural county; hence the potential market is small. Many such businesses are now using the Internet to establish supplier networks and in some cases finding the equity capital to help sustain their businesses.

In other cases, inner-city and rural small businesses are using Geographic Information Systems (GIS) to target regional markets by means of spatial mapping of demographic and other data.⁵ Although examples of such use are growing, documentation is anecdotal and idiosyncratic. We do not know, for example, the conditions that promote successful use of Internet marketing for entrepreneurs in distressed areas. Will such marketing work for all products, or do specific market niches lend themselves more readily to marketing? The major question is, even with the Internet lowering the barriers to entry in many markets, do entrepreneurs in poor communities need intermediary forces to help build initial capacity, or is simple access to a computer and the Internet the only necessity?

Initial impressions from the field point to various intermediary forces such as a community-based development organization, community colleges, or universities as necessary adjuncts to help fledgling entrepreneurs prosper. A good example is the use of GIS data to do market mapping. Often entrepreneurs receive such data from an institution of higher education. While a powerful tool, GIS still remains a device that requires great technical expertise, and educational institutions are repositories of such expertise. The larger question is whether these institutions can broadly tailor their expertise to the needs of low-income entrepreneurs.⁶

The other place for technology in the development of low-income entrepreneurs is the networking function. Entrepreneurs, especially low-income entrepreneurs, benefit from peer-to-peer experiences. Peers in the same market niche may not be located in the same geographic area. Here, a university or community-based organization using technology such as video/Internet conferencing can bring together entrepreneurs with similar experiences. With proper facilitation by a trained professional—university-based or otherwise—the feeling of isolation and frustration that often comes from first-time ventures for low-income entrepreneurs can be overcome. In the process, networks and support systems will form that will produce business linkages across spatial and geographic

lines. Coupled with a micro-enterprise model that incorporates peer lending, the possibility exists for business retention rates that are significantly better than the average.

IT AND THE WORK OF COMMUNITY-BASED DEVELOPMENT ORGANIZATIONS

Community development corporations (CDCs) and other types of community-based development organizations struggle to accomplish their work in an environment filled with asymmetric information. CDCs need access to information such as the ownership and disposition of distressed properties, where there is a concentration of social ills such as housing and drug houses and the general social characteristics of the people they serve. Such data is either hard to get or resides in many different places making it time consuming to obtain.

A number of university/community partnerships use GIS and Internet-based delivery techniques to provide relevant information to community organizations. One example is the University of California at Los Angeles' coalition of assistance to teach about Neighborhood Knowledge Los Angeles (NkLA). NkLA collects local government data, census data, and other information that informs disadvantaged communities. As such, it can access this data through the Internet, but community-based organizations in particular can use it to influence and direct community planning and program implementation.⁸ NkLA has been able to gather information from different, often resistant sources, because it has established a win-win situation in which both the consumers and providers can simultaneously gain access to a database more quickly than would other workers. Other universities, such as the University of Pennsylvania, have established data warehouses that use the Internet as a portal. These efforts are promising, but the key is the leadership of a community or a local government that can build a data warehouse and portal as well as the necessary local capacity to make it accessible to community organizations. In other instances, local governments are trying to accomplish the same purpose, although such efforts are limited by bureaucratic and political constraints.

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ENHANCING HUMAN CAPITAL

Perhaps one of the most widespread uses of the new technology is in the area of workforce development. Many who now work in training the poor use dedicated computer programs to rapidly advance the technical skills of youth and the hard core unemployed. For example, Local Works, a large community-based development organization in Denver, uses a customized math program to train high school dropouts. In a matter of eight weeks, trainees are given the math skills necessary to work in the now-and-then industry, where technical knowledge and precise estimates by workers are imperative.⁹

While many national workforce development providers use computer training, the question is whether there can be broader learning and replication across such programs. Regional partnerships between a community college or a university and several community-based organizations that are entry points for the unemployed can increase the dissemination of effective training modules. Such information-based delivery can incorporate regional knowledge of labor markets and knowledge of regional training needs and ensure quality control over a broader programmatic spectrum.

DEVELOPMENT OF COMMUNITY-BASED ECONOMIC DEVELOPMENT LEADERS

Much like the enhancement of worker productivity, distance learning is an innovative way to provide economic development training and technical assistance. While there are many national and regional intermediaries that train economic development practitioners, much of the training is site-based and often not close to where practitioners live and work. Some community colleges and universities are experimenting with distance learning. The use of information technology could significantly increase access to technical expertise at a much lower cost in terms of out-of-pocket and travel costs. Distance learning also could help with the rapid dissemination of community economic development knowledge. Traditional training emphasizes static learning, with the practitioner attending one module. The assumption is that the practitioner either possesses the technical knowledge necessary for constructing and implementing programs in a community. This assumption is unwarranted. Practitioners need customized, readily available, interactive training over a long span of time. Clearly, distance and video learning can

keep people involved in a learning environment over the course of their careers. Again, a university or community college can become the central force for economic development through distance and site-based learning. There is a greater chance for quality control and peer learning.

The Special Case of the Digital Divide and Community Development

As a result of both cost and unfamiliarity with how the technology can best be used in the improvement of disenfranchised communities, access to and use of information technology is not an option for many communities. This has led to the rise of the term "digital divide." The essence of the digital divide is that, because of race, education, and income, some individuals and communities are not sharing in the benefits of the Information Age.

Computer and Internet access alone are not enough to bridge the digital divide. Universal access should be a goal, but many argue that access only guarantees the right to consume information. The real power of the Information Age comes from the ability to produce content that can benefit community development and individual asset accumulation. Following are a few examples of that benefits that can accrue to disadvantaged individuals who have access to information technology.

Increased job skills and access to employment opportunities: Individuals are able to access information and resources about job search and employment opportunities. They can also improve job skills, including computer and literacy skills, and allow individuals to consider new, higher-wage career options that involve the use of technology.

Education and improved outlook on learning: Individuals gain access to lifelong learning opportunities such as computer literacy and mathematics programs. This offers the possibility of changing their goals for learning and educational attainment (e.g., decide to pursue a GED or more).

Increased personal efficacy and affective outcomes: Individuals can achieve greater personal autonomy and feelings of accomplishment and competence as a result of exposure to sustained access and use of computers and the Internet.

Increased civic participation: Individuals can identify new avenues for voicing their opinions on a range of social and political issues. This can promote access to local, state, and federal government services and communities and individual betterment.

There is great potential to use information technology as a tool for community and individual development. The question is how to go beyond a digital divide and produce strategies using IT to assist in social and economic development. The digital divide can only be breached when the knowing curve is met.

Access: The widespread ability to access a computer and the Internet, including an e-mail address, through public access sites (PAs) as well as in the home.

Training and individual/community support: The ability to use a computer and the Internet to serve one's individual technological fluency and collect information (building) purposes. Technological fluency means knowing not only basic techniques, but also those techniques to increase personal safety and wealth. Community building means increasing capacities of residents, associations, and organizations to work, individually and collectively, to foster and sustain positive neighborhood change. Technology can, and should, support these ends.

Content and information: The ability to contribute to the nation's information infrastructure through the production and dissemination of digital content.

Comfort: When people can realize how technology can improve their lives, their families, and their communities, they will be much more likely to embrace these tools as a means of achieving some measure of comfort, and, therefore, resonance with their social and cultural milieu.

BRIDGING THE DIGITAL DIVIDE

Access, and to some extent training, has been the primary focus of the community technology movement and efforts to bridge the digital divide thus far.⁴ This includes a series of policies, funding, and programs that bear no connection to the issue but fundamentally affect individuals, families, and communities such as education, employment, health care, and community development. At best, the organizations that support this movement are

only beginning to situate their work within the realm of social and economic justice.

Similarly, the community economic development movement has yet to embrace technology as an integral component of its work, in contrast to nonprofits. Technology-related news such as access to internet training, free technological software, and emerging discussions of how low-income and underserved communities can be best served. At best, the organizations that support this movement are only beginning to consider the role of technology in managing their internal operations as well as their outreach to the community.

Finally, the community technology and community development movements are not integrated movements at the present time. Granted, examples of successful projects have begun to emerge, but due to the differences in their objectives, structure of their funding streams, and lack of common vision amongst the advocates, they have largely existed in parallel and separate spheres of existence.¹³ This has taken place despite the similarities in their target populations, geographic collocation in several neighborhoods and apparent synergies that could result from their union. In order to truly bridge the digital divide, these two movements must continue to move toward becoming mutually supportive rather than mutually exclusive. This would represent an important and fundamental shift from a focus on access to a focus on outcomes.

SUMMARY

Information technology offers a new and important tool for revitalizing communities and helping individuals build the necessary life and work skills to achieve upward mobility. There are now many areas in which the African American community in New Jersey should examine and promote to policymakers and institutions involved in community development. While there are important local examples of IT use in aid of the community development process, the dialogue on IT remains sparse and limited. This is unfortunate. The richness of New Jersey's educational establishment, and innovative community-based organizations argues for a dedicated conversation about how IT can improve communities and disadvantaged individuals.

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Dr. Pinkett has authored well over fifty papers and book chapters dealing with the role of information technology in building communities.

DENISE V. RODGERS, M.D.

Denise V. Rodgers, M.D. joined the UMDNJ Robert Wood Johnson Medical School as Associate Dean for Community Health and Professor of Family Medicine in 1997. Dr. Rodgers has written and lectured extensively regarding excess mortality in minorities, racism in medicine, cultural competency and training health professionals to work with underserved populations.

Prior to joining Robert Wood Johnson Medical School Dr. Rodgers was the Residency Director of the U.C.S.F. San Francisco General Hospital Family Practice Residency Program. She was a professor and Vice Chair in the Department of Family and Community Medicine at U.C.S.F. and from 1994-1996 she served as Chief of Staff of San Francisco General Hospital.

Dr. Rodgers received her Bachelor of Arts degree in psychology from Oberlin College. She graduated from Michigan State University College of Human Medicine and completed her family practice training in the Residency Program in Social Medicine at Montefiore Medical Center in the Bronx. Dr. Rodgers is board certified in family practice and is a fellow of the American Academy of Family Physicians.

RICHARD W. ROPER

Richard W. Roper is the Founder and President of The Roper Group, a public policy consulting firm that specializes in research, analysis and program evaluation in the areas of economic development and social welfare policy. Before establishing The Roper Group in 1996, he served four years as Director of the Office of Economic and Policy Analysis at the Port Authority of New York and New Jersey. Prior to joining the Port Authority, Roper was Assistant Dean for Graduate Career Services and Governmental Relations, Director of the Program for New Jersey Affairs, Executive Director of the Council on New Jersey Affairs, and Lecturer in Public and International Affairs at Princeton University's Woodrow Wilson School of Public and International Affairs. His 2-year association with Princeton University followed two years of federal government service in the Carter Administration, where he was special assistant to the Secretary of the Department of Commerce and director of the Secretary's Office of State and Local Government Assistance. His public affairs career began in Newark, NJ where he served as legislative aide to Mayor Ken Gibson and Director of the Office of Newark Metropolitan Studies, which was administered for the city by Rutgers University.

JUNIUS W. WILLIAMS, Esq.

Junius W. Williams is a noted attorney, musician and educator. He was voted the youngest President of the National Bar Association, the oldest and largest organization of Black attorneys in the United States, and has represented clients from Rev. Jesse Jackson in a voter rights case in New Jersey, to homeless individuals seeking welfare payments in Newark. He represented the NBA at the United Nations on behalf of the people of the African nation of Zimbabwe. Currently, he serves as the Town Attorney in Irvington, NJ.

Junius uses his musical talent to celebrate the music of African Americans, and is co-founder of "Return To The Source," a vocal ensemble that performs and teaches in schools, colleges and festivals throughout the East Coast and New England.

He is currently using his skills as an advocate in pursuit of education reform in New Jersey. He is the Chairman of the Board of Trustees of The Education Law Center, and the convener of the Black and Latino Education Summit (BLES).

NJPPRI would like to thank the following persons for their editorial contributions to this publication

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HYUNGYONG PARK, Mapping Specialist

APPENDIX

EXHIBIT 1 PERCENTAGE CHANGE IN
AFRICAN AMERICAN POPULATION, 1990 - 2000

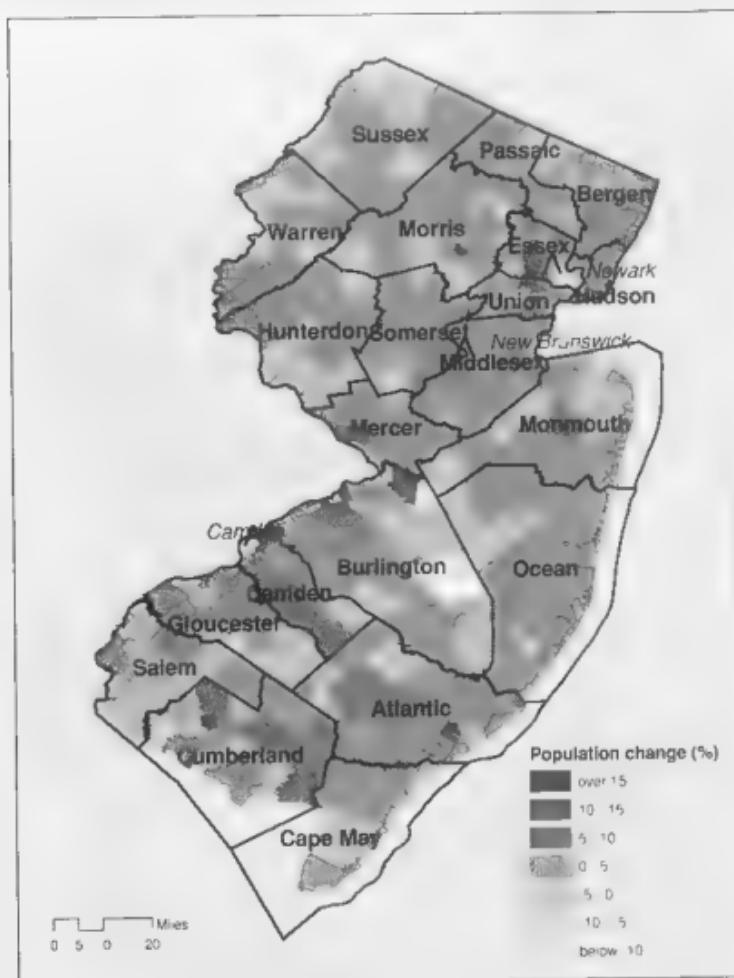


EXHIBIT 2. PERCENTAGE CHANGE IN
AFRICAN AMERICAN POPULATION, 1990-2000 (CONT.)

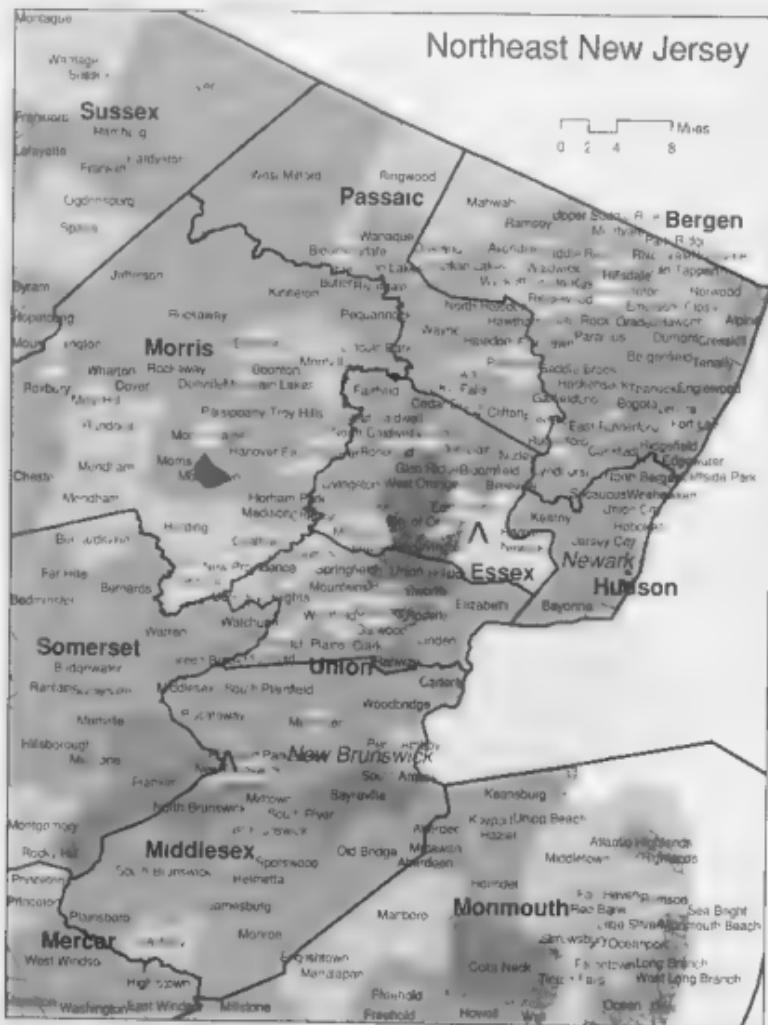


EXHIBIT 3 PERCENTAGE CHANGE IN
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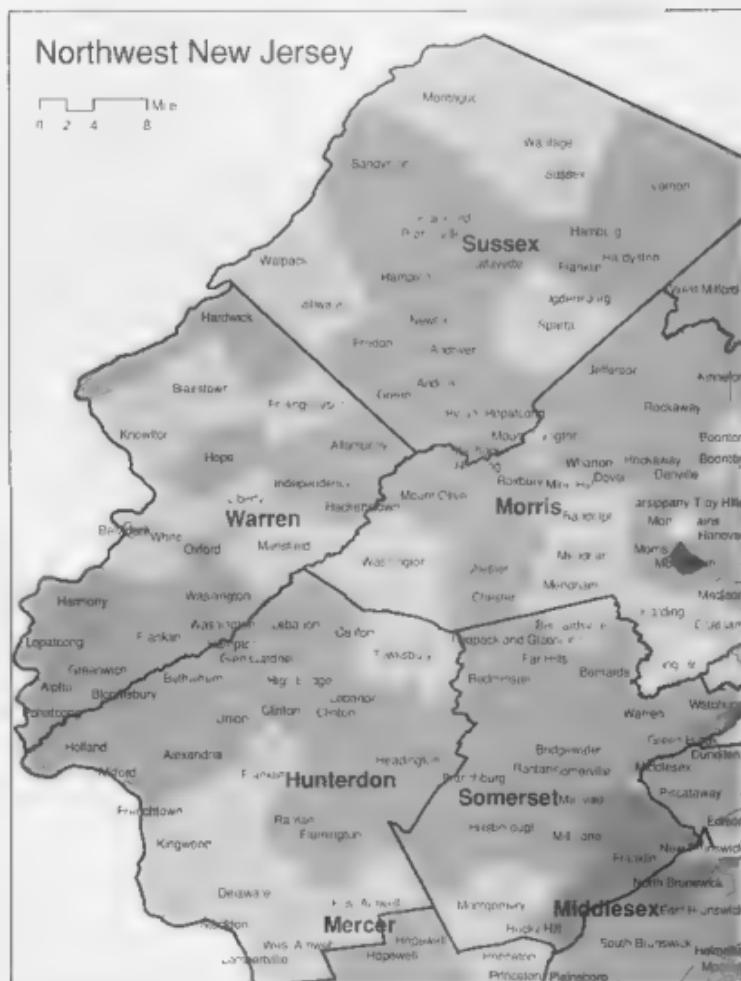


EXHIBIT 1 PERCENTAGE CHANGE IN
AFRICAN AMERICAN POPULATION, 1990-2000 (CONT.)



EXHIBIT 4. PERCENTAGE CHANGE IN
AFRICAN AMERICAN POPULATION, 1990-2000 (CONT.)

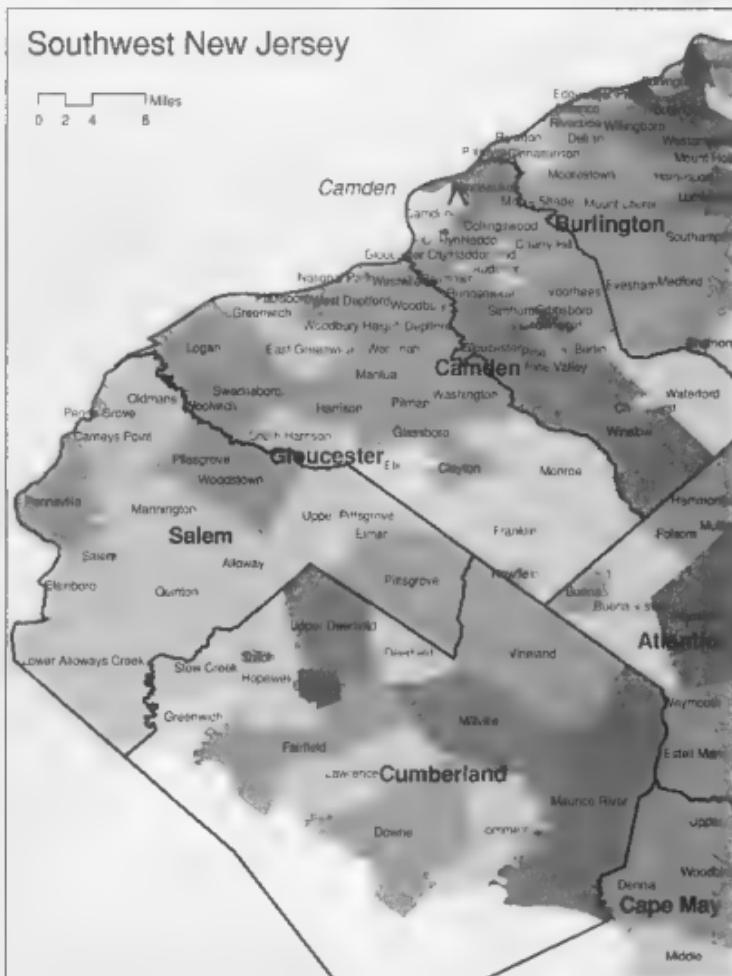
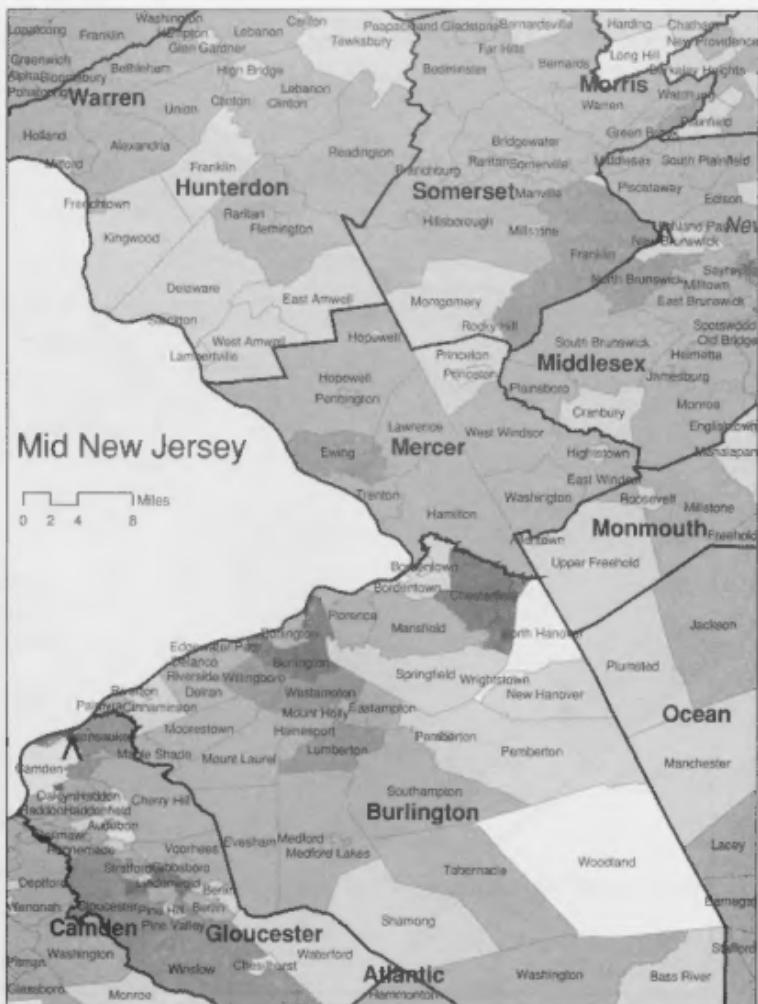


EXHIBIT 5: PERCENTAGE CHANGE IN
AFRICAN AMERICAN POPULATION, 1990 - 2000 (CONT.)



Notes

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